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**TRANSLATED BY D. MCCARTHY, M.D.**

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## ART. 6163

*Inhalation of Pulverised Fluids.—Official Report on Vaccination; Remarks on Early Vaccination.—Debate on the Expediency of Operation in Umbilical Hernia.*

Mr. Poggiale recently read to the Academy of Medicine, an extremely elaborate report on the much disputed questions connected with the inhalation of pulverised fluids. The various papers on the subject were so conflicting, their contradictions were so glaring, that it became an imperative duty for the Academy to ascertain with precision the amount of practical utility of this new method of therapeutic ministrations. Mr. Poggiale began by establishing the fact that the authors who have inquired into the subject cannot agree as to the penetration of the pulverised fluids into the respiratory passages, and are at utter variance with each other, with regard to the refrigeration of the liquids operated on, the waste of the mineralising ingredients of pulverised sulphurous waters, and the medicinal effects of Mr. Sales Girons' method; he then carefully examined, in succession, all the elements of these intricate problems, and concluded as follows:

The experiments on animals and on the human subject, instituted by Messrs. Mourra-Bourouillon, Tavernier, and Démarquay, the researches of Mr. Fournié, 'On the Introduction of Pulverised Substances into the Air-passages,' demonstrate, beyond contradiction, that liquids reduced to spray, actually penetrate into the respiratory ducts. (a)

On leaving the apparatus, pulverised fluids undoubtedly undergo some degree of refrigeration; but, in a letter to the Academy, Mr. Tempier states that this unfavourable circumstance may be neutralised, by causing the spray to be emitted in an atmosphere saturated with steam, at a temperature higher than that of the pulverised water.

With regard to the chemical changes induced by the method in sulphurous waters, Mr. Poggiale, while admitting their existence as a general fact, asserts that they are not the same for all waters of this kind. Thus, the waters of Enghien, which contain free hydrosulphuric acid, lose on an average 60 per cent. of that ingredient. The waters of the Pyrenees, on the contrary, in which sulphuret of sodium is to be found,

(a) Mr. Fournié still contends that pulverised fluids do not penetrate beyond the trachea.—H. C.



are very slightly modified in the process in question. It would also appear that the waste of the sulphurous element is less considerable with Mr. Sales-Girons' apparatus, than with Mr. Mathieu's instrument.

The desulphuration is, in all cases, greater in proportion as the procedure is carried on at a more considerable distance from the spa, and the changes are, therefore, more obvious in the inhalation-rooms, than when portable instruments are used.

Another highly important question requires an answer : Is it possible, with the data in our possession, to describe with precision, the therapeutic effects of the inhalation of pulverised fluids ? To this query the commission experienced much difficulty in framing a reply ; thus, on the one hand, Messrs. Sales-Girons, Auphan, and Démarquay, assert that they have derived much benefit from the inhalation in chronic affections of the respiratory organs, and on the other hand, Professor Champouillon, and Messrs. de Piétra-Santa, Briau, Delore, and Fournié, utterly deny the efficacy of the method. Mr. Poggiale, confined himself therefore, with undisguised regret, to an appeal to further inquiry, and moved that the thanks of the Academy be forwarded to the experimentalists above named, who have spared no effort to dispel the clouds which obscure the question.

— Another equally interesting report on the vaccinations performed in the course of the year 1860, was read by Dr. Depaul.

The learned reporter bestowed especial commendation on the Department of the Gironde, in which the Medical practitioners have displayed extraordinary zeal in the propagation of vaccination, and he recommended to the attention of the Academy, a work by Mr. Dubreuil, of Bordeaux, 'On the History of Inoculation' in that part of France, since the beginning of the present century. Let us hope that this well-earned and flattering compliment paid to Mr. Dubreuil, will awaken emulation in the other departments, and that he may find many imitators.

To enliven his somewhat dreary text, and in imitation of his predecessor, Mr. Bousquet, who took occasion in these reports, to enlarge on various questions more or less closely connected with his subject, Mr. Depaul discussed the expediency of early vaccination, which has but recently been brought rather prominently before the public. He remarked on the debate which took place at the Medical Society of the Hospitals (*vide* Art. 6080), and enumerated the various publi-



cations made on the matter by Messrs. Ragaine, Laforgue, of Toulouse (*vide* Art. 6137), Godefroy, of Renne, Jobert, de Guyonville, &c., and also quoted Mr. Danyau's observations at La Maternité, in Paris. From this mass of evidence, Mr. Depaul concluded that the untoward symptoms described as having followed vaccination, were more rationally referable to the circumstances under which the operation was performed, than to the procedure in itself. It is not more dangerous to vaccinate an infant twenty-four hours, than three months after its birth. Hence, the reporter opines, that early vaccination should always be unhesitatingly resorted to for children collected in numbers in the hospitals or asylums, and also as a rule, during epidemics of small pox, for all those who are nursed at home.

In the short debate which followed, Messrs. Desportes and Robert laid much stress on the perils entailed by early vaccination, when the pustules are numerous and close to each other. Without denying the dangers alluded to, Mr. Depaul considered them unfrequent, and less formidable than variola. The learned reporter further agreed, that in new-born infants, the punctures should be few and well apart from each other. These precepts can the more readily be followed, as inoculation, said Mr. Renault, at the close of the discussion, succeeds better in proportion to the smallness of the number of the punctures. The experiments instituted by this eminent Veterinary surgeon, on the effects of the inoculation of glanders and rot to animals, fully confirm the opinion expressed by the late lamented Dr. Legroux, who contended, that three punctures to each arm were superfluous, and that a single vaccinal pustule, well-developed, was an amply sufficient protection against the contagion of small-pox.

It is to be regretted that this interesting point was not more thoroughly discussed at the Academy. It is one of much importance, and as all practitioners do not agree with Mr. Legroux, it would be highly desirable that the traditional necessity for the six punctures be further inquired into. For our part, we are not entirely satisfied as to the immunity conferred by a single vaccinal pustule, and we generally recommend a repetition of the operation at no very distant period. Another plan, advocated by Mr. Cerise, would seem to meet every objection ; it consists in revaccinating the infant a week after the first inoculation, with the lymph secreted by his former pustule. Mr. Cerise recently published two interesting cases in point, in the *Union Médicale*. An infant, aged three months, was vaccinated for the first time, and one



pustule only was developed after six punctures. The matter supplied by this, was again inoculated a week after, and five new pustules were the result. The child is now eleven years old, and bears six distinct scars, consequent upon two operations performed at an interval of eight days. Of six other vaccinations of this kind, one only proved successful. In this instance the second operation, like the first, gave rise to one pustule only; the lymph was again inserted beneath the skin, but no characteristic inflammation followed, hence Mr. Cerise concluded, that the special saturation of the system was effected.

This method supplies us, therefore, with a fair means of ascertaining that immunity from contagion has been conferred. But Mr. Cerise is of opinion, that a single pustule should never be viewed as a sufficient protection, unless the additional test of revaccination has also been resorted to.

— The Society of Surgery recently devoted several meetings to an inquiry into the expediency of operation in strangulated umbilical hernia.

The question was brought forward by Mr. Huguier, and was suggested by the case of a woman, aged sixty-nine, in whom an umbilical hernia of long standing, became incarcerated, in consequence of the development of an organic cyst. Messrs. Huguier and Gosselin, aware of the inefficacy of surgical interposition under these circumstances, allowed matters to take their course; gangrene of the intestine supervened, an artificial anus followed, but life was preserved, at the cost, it is true, of a distressing infirmity.

Mr. Goyrand, of Aix, was of opinion that here an operation would have been appropriate, and he adduced in support of this view, three instances of umbilical hernia, in which the use of the knife was crowned with success. These exceptionally fortunate cases, did not, however, modify Mr. Huguier's convictions, and could scarcely be expected to do so. All the operations of the kind performed in Mr. Huguier's presence by Dupuytren, Richerand, and Gerdy, terminated fatally. Mr. Gosselin operated upon four women, and the event in all cases was unfavourable. In a similar number of instances of exomphalos, Mr. Démarquay was equally unfortunate. Messrs. Guersant, Giraldès and Deguise, have each performed two operations, which failed in preserving life. Messrs. Bauchet and Morel-Lavallée, each witnessed an operation, and in each death was the result. Mr. Nélaton can adduce but one successful case in his own practice, and allud-



ing to it in a recent lecture, he stated that no living surgeon, excepting perhaps Mr. Goyrand, had met with better fortune.

We need not expatiate on the anatomical conditions which account for the greater intensity of the symptoms, and the excessive peril of the operation in strangulated umbilical hernia. We merely acknowledge the fact, and in our opinion, the surgeon is fully justified in refraining from active interference, especially as cases have been adduced by Messrs. Broca, Boinet, and Verneuil, in which a cure was effected by the unaided efforts of nature. Among others, Mr. Verneuil related three instances, which he witnessed within the last month, and in which, although strangulation was distinctly present, he carefully abstained from any attempt at reduction. He prescribed leeches, poultices, aperient enemata, abstinence from fluids, and an appropriate supporting bandage; baths were likewise resorted to, and the symptoms yielded in a period varying from one to seven days.

Hence, under the circumstances alluded to, the operation should be viewed as a last resource, and, to say the truth, of all the members of the Society of Surgery, who took a share in the debate, Mr. Richet alone expressed himself favourably to surgical interference. His opinion, however, seems to rest on weak foundations, for in one of the cases he adduced in support of his argument, death took place, and the other was an instance of unusually small exomphalos, the only variety, said Mr. Huguier, in which the operation might present some slight chances of success.

#### ART. 6164.

#### HOTEL-DIEU.

(PROFESSOR TROUSSEAU'S CLINICAL WARDS.)

##### *Mr. Ricord on the Transmission of Syphilis by Vaccination.*

The old pupils of Mr. Ricord, and those who, less favoured than their predecessors, were not previously acquainted with the learned and eloquent Professor, had recently the good fortune of judging for themselves of the unparalleled oratorical powers of this master, who would seem to have discovered the secret of perpetual youth and vivacity. To reproduce the two lectures we have heard would be a futile attempt; the original stamp of Mr. Ricord's tuition is not transferable to paper. We



will, therefore, merely confine ourselves to a simple statement of the circumstances, which induced Mr. Trousseau to request his eminent friend to take temporary possession of his chair at the Hotel-Dieu, and recapitulate Mr. Ricord's remarks on the much-disputed question of *Vaccinal Syphilis*.

A young woman, aged eighteen, was admitted on the 6th of December last into the wards of the Hotel-Dieu, for the treatment of catarrhal metritis and granulating ulceration of the cervix. *No syphilitic precedent whatever* could be traced in her history. An epidemic of small-pox having broken out while she was in the hospital, all the patients liable to contagion were repeatedly vaccinated. Although the girl presented unmistakeable marks of previous successful vaccination, she also underwent the operation. The lymph was supplied by a healthy infant, born in the wards, and vaccinated a few days before with the virus distributed at the Academy of Medicine; three punctures were made in each arm. Three children were also inoculated with matter taken from the same infant, and in all four the pustules were developed in the most regular manner. In the young woman, on the contrary, the vaccine did not take; this was fully expected. She left the hospital, and was lost sight of for a fortnight, when she returned to the Hotel-Dieu, complaining of pain in one arm. On examination of the part two pustules of ecthyma were found occupying the seat of two punctures. These were at first referred to a somewhat tardy evolution of the vaccination, and perhaps to accidental friction. But the pustules, deemed insignificant at first, gradually became larger and hard at the base; cervical and axillary adenitis set in, and, after an interval of five or six weeks, a roseate eruption broke out over the entire body.

From the beginning, Mr. Trousseau strongly suspected the syphilitic nature of the symptoms, but he was desirous of obtaining the opinion of Mr. Ricord, who fully confirmed his conjecture.

It is an unquestionable fact, said the learned specialist, that this patient bears on her arm a most distinct primary sore, *an indurated and infecting chancre*, characterised by an indolent, convex tumour, ulcerated at the point (*ulcus elevatum*), suppurating moderately, and supported on a broad, elastic base, well limited at its margin, surrounded by uninflamed textures, and, as it were, implanted in the healthy tissues. The present tumour is a fair specimen of the infecting chancre in a state of transition towards the secondary stage, and assuming the aspect of the mucous papula. Consider, in addition, the other phenomena which have followed each other in rapid and regu-



lar succession, the glandular enlargements of the axilla and neck, the head-ache and roseola, and you cannot doubt but that the case before you is an unmistakeable instance of genuine secondary syphilis.

With regard to the origin of the disease, it is obvious that the punctures in the arm have been the portals, through which it has entered the system ; but it is, by no means, so clear that the poison was introduced into these wounds together with the vaccine-lymph.

Mr. Ricord does not reject this mode of propagation as absolutely impossible. But in the estimation of facts which seem to establish such transmission, it is necessary, said he, to distrust the evidence of our senses. It is only by taking into account the obscurity which must necessarily surround a pathogenic interpretation of an usually retrospective character, and carefully guarding against the errors that a superficial observation may give rise to, that we can hope to discover the solution of so important and intricate a problem. We have now entered, continued the Professor, upon a period of reaction against hitherto accepted doctrines, and if we do not take care, we will be almost inclined to pronounce a man to be affected with syphilis if he has ventured, without an umbrella, in some of the less reputable streets of this capital. Mr. Ricord then treated of the contagiousness of constitutional syphilis, and ascribed it in most instances to the infectious character retained by chancres *undergoing transformation* into secondary symptoms, or by *mucous papulæ* the earliest manifestation of the general poisoning of the system, whether developed *in situ* by a metamorphic change of the primary sore, or at a distance from the seat occupied by the latter. However this may be, Mr. Ricord contends that the instances of propagation of syphilis by the contagion of secondary symptoms, are far more unfrequent than some authors have asserted. Syphilis is widely diffused, and were the contagion of its constitutional manifestations as easy as has been affirmed, the nineteenth century would far out-rival the fifteenth.

There may be perhaps some other vehicles of contagion besides the secretion of chancre, and sometimes of a secondary sore ; this at least is not impossible, but is not susceptible of peremptory demonstration in the present state of our knowledge. An erroneous and hasty interpretation of obscure facts, in which the true filiation of the symptoms has eluded detection, is, in Mr. Ricord's opinion, at the bottom of all the mistaken theories and wandering speculations propounded on the subject. Thus, some men may escape infection although they have communicated with a woman affected with chancre, and



others may be poisoned by one who herself is sound. Such cases are, of course, not obviously intelligible at first, but the obscurity is easily cleared away by the now well-known history of *Mediate Contagion*, by which we are taught that healthy females who after intercourse with diseased men, are approached by persons in sound condition, may transmit from the former to the latter the virus, themselves escaping scatheless. Mr. Ricord here related several very curious instances which illustrate and confirm in the most distinct manner the doctrine so perspicuously laid down by Mr. Cullerier. On the other hand, it is unnecessary to expatiate on the innumerable modes of conveyance of the virus from one person to another. Every possible contact, every imaginable form of communication, may generate chancre. Mr. Ricord once attended a magistrate affected with indurated chancre of the eyelid, periauricular bubo, and secondary roseola. The organs of generation were perfectly sound, but the patient acknowledged that his hands had wandered into dangerous precincts, and that in rubbing his eyes he had inoculated the virus into the eyelid. Is it entirely impossible that something of the same kind may have happened in Mr. Trousseau's patient? She was lost sight of for a fortnight; the punctures in the arm induced some local uneasiness, which she doubtless endeavoured to allay by scratching with her hand. Now, who will say that that hand has constantly remained pure, or that the arm may not have been exposed to any other suspicious contact? These are some of the points which ought to be cleared up before vaccination can, with any show of reason, be assumed to have caused the chancres observed in this instance.

The possible transmission of syphilis by the inoculation of the blood of persons tainted with the virus has, however, been for some time before the public, and derives considerable additional importance from the results recorded by Mr. Viennois, in a paper we noticed on a former occasion (*vide* Art. 5901). In this memoir, the author agrees with Mr. Rollet, that syphilis is not transmitted by vaccine-lymph, but by the admixture of the latter with blood. In a recent vaccination, which caused considerable sensation beyond the Alps, it has likewise been contended, in order to account for the propagation of syphilis, that blood oozed out, together with lymph, from the pustules of the child who supplied the matter, and that the lancet of the operator was therefore charged with a mixed fluid of deleterious nature.

Mr. Ricord, while admitting the truth of these facts, rejects the interpretation which has been offered.

It is a remarkable circumstance, said he, that as soon as the



generating poison of syphilis has penetrated into the system, it is fundamentally modified. It becomes undiscoverable to chemical analysis, or to microscopic research, and utterly loses its distinguishing character of reproducing a pustule similar to that in which it was originally generated. Were it otherwise, in a person tainted with syphilis, the most trifling wound would be liable to assume the aspect of chancre, from contact with the blood escaping from the lacerated vessels. Nothing of the kind is ever observed. Mr. Ricord has performed operations on many individuals suffering from constitutional syphilis, and he never noticed, even in a single instance, anything particular in the aspect, progress, or duration of the wounds.

It will, perhaps, be alleged, that experiments have been instituted, which seem to point to the possibility of the transmission of syphilis by the blood of diseased subjects. Thus, Mr. Waller, after scarifying the thigh of a patient, dressed the wounds with lint impregnated with syphilitic blood ; the part healed, but about three weeks afterwards pustules appeared on the thigh. The fact is true, says Mr. Ricord ; but it is proper also to add, that *at the same time* a similar pustule was developed on the shoulder. This chancre had, doubtless, the same origin as the others, and entirely invalidates the case. At Lyons, analogous experiments yielded conflicting results. Finally, Mr. Lalagade, the head-surgeon of the Hospital of Albi, who never had been affected with syphilis, *publicly* inoculated in his own arm the blood of three soldiers manifestly suffering from this complaint ; and although, on each occasion, two wide and deep punctures were performed, the results were entirely negative.

As to those sad instances of vaccination, published in Germany, in France, and in Italy, Mr. Ricord does not deny their accuracy ; they assuredly deserve consideration, but cannot be received as conclusive in the question, until all their attendant circumstances have been minutely weighed, and the reciprocal operation of cause and effect has been carefully inquired into. Mr. Ricord declared that he gave his full approbation to the conclusions of a paper published in the *Gazette Hebdomadaire* by Mr. Jaccoud, on the distressing occurrences observed during the course of the last year in the province of Acqui.

Mr. Jaccoud, after reminding his readers that at the end of the month of May, 1861, syphilis broke out, three weeks after vaccination, in forty-six infants at Rivalta, proceeds to state that an inquest was held as to the cause of the calamity ; and that, despite the apparent clearness of the facts, the committee



appointed to investigate the matter, declined to pronounce on the alleged connection between syphilis and vaccination, and declared that, in order to form their judgment, further inquiry was necessary. He continues thus :

“These gentlemen were both prudent and wise. Before admitting that syphilis in this instance was transmitted with the vaccine matter, many difficulties and obscurities have to be cleared away ; it would further be necessary to solve several important questions, which at present it appears impossible to reply to. For our own part, an attentive perusal of the documents of the case has led us to the same conclusion as Dr. Albertetti, who exonerates from all blame the vaccinations in question. The events of Rivalta present to our view two conspicuous but wholly distinct facts—viz., the vaccination of the infants, and the subsequent appearance of syphilis in certain of their number. It is granted that these two orders of facts occurred in succession, but for the present we are not prepared to go any farther, and to argue, *post hoc ergo propter hoc* ; the coincidence is obvious, not so the inference of causality. Whatever interpretation be adopted as to these facts, they convey a useful caution, and illustrate in an eloquent manner the necessity of taking into account the manifold elements in the *Ætiological* history of vaccinal syphilis, and the extreme reserve required of the physician in cases of this description.”

This view, said Mr. Ricord, is in such perfect harmony with mine, that I have nothing to add to Mr. Jaccoud's remarks. Let us admit, and carefully inquire into, these cases, and let us guard against any predetermined notions on the subject ; but as to the interpretation offered, let it be received with an amount of hesitation and doubt, increased by the obvious fact, that if ever the transmission of syphilis with vaccine-lymph is clearly demonstrated, vaccination must be altogether discontinued, for, in the present state of science, we are in possession of no criterion which may permit the conscientious practitioner to assert that the lymph he inoculates is perfectly free from admixture with blood tainted by syphilis.



## ART. 6165.

## HOSPITAL OF LA CHARITE.

(PROFESSOR VELPEAU'S WARDS.)

*Practical Remarks on Sprains of the Ankle and Fracture of the Malleolus Externus.*

Shampooing of the injured part has, of late years, been much extolled in the treatment of sprains. Many instances of success have, of course, been brought forward in support of a method, which seems at present to bid high for popular favour. These fortunate cases are, however, occasionally more than counterbalanced by results of an opposite description; thus a man recently died in Mr. Velpeau's wards, from the consequences of diffused phlegmonous suppuration of the leg, brought on by kneading of the tibio-tarsal region. We would not be understood to imply that the operation was unskilfully performed; the cause of the accident was different: an error of diagnosis had been committed, and the case was one, not of sprain merely, but of fracture of the external malleolus.

The mistake is a frequent one, and is easily accounted for by the occasionally great difficulty of discriminating between a simple sprain and a more serious injury of the ankle.

The learned Professor of La Charité expressed himself to this effect in some remarks recently suggested by two patients lying in his wards. Both men had been admitted for what was supposed to be a sprain, and each declared that the accident was the result of the foot having turned inwards. In one instance, Mr. Velpeau believed in a sprain, and in a fracture in the other, but in neither did he pronounce an absolute opinion. The doubt, which I confess I feel, said he, may perhaps appear singular to those who consider only the superficial position of the malleolus; but the peculiar nature of the tibio-fibular articulation, sufficiently accounts for the embarrassment of the clinical observer, in the circumstances under consideration. The bones are in contact by small surfaces it is true, but it should not be forgotten that the fibula is received into a semilunar concavity, of no inconsiderable vertical extent, to which it is attached by elastic yellow fibres of extreme firmness. The two bones are, therefore, here, in close apposition to each other, and are so intimately united that



the malleolus may be broken across without any displacement whatever being the consequence.

This anatomical arrangement explains how it happens that mobility and crepitation, two signs connected with and dependent on each other, are here in general so obscure as to escape detection, if the swelling acquires any degree of magnitude. The most minute precautions must be adopted for their discovery. Thus, for instance, the œdema which forms around the malleolus must be dispelled by gentle pressure, so as to permit the surgeon to appreciate the feeble oscillations of the inferior fragment ; the displacement of the skin may, moreover, mislead the observer, and simulate to a certain extent osseous mobility, hence the thumb must be firmly applied over the apex of the malleolus, and the pressure exercised in a direction perpendicular to its axis.

If these particulars are attended to, in the investigation, the presence of fracture will doubtless be ascertained in some instances, but the diagnosis, said Mr. Velpeau, will seldom, if ever, present a perfectly satisfactory degree of certainty. (a)

The same may be said of the prognosis, and the following are the principal rules of the treatment.

The sprain, or distension with partial laceration of the ligamentous structures, terminates favourably in a few days, whereas, fracture of the malleolus, unattended with displacement, requires three or four weeks at least for perfect consolidation. The two injuries are, therefore, entirely distinct

(a) *The seat of the pain and the presence of ecchymosis* are two signs, to which Mr. Malgaigne attaches much value in his work on *Fractures and Dislocations*, as offering additional elements of discrimination in the diagnosis between fracture of the external malleolus, and sprains of the ankle-joint. Mr. Velpeau did not allude to them ; it is not our province to express an opinion on the omission ; but Mr. Malgaigne is so competent an authority on the subject of fractures, that we cannot refrain from reproducing the passage in which, in a few sentences, he disposes of the matter.

“In general,” says Mr. Malgaigne, “fractures caused by adduction of the foot, are attended with no displacement, or tumefaction of the part ; the patients experience pain if they attempt to walk, and do so with the greatest caution ; some of them instinctively endeavour to rest the foot on its external edge, but these indications are common to both fractures and sprains. Ecchymosis, I consider as almost pathognomonic, as I do not recollect to have met with it even once in simple sprains. But an easy and certain mode of distinguishing between the two injuries, consists in pressing in succession with the thumb, over the lateral ligaments, and the external aspect of the fibula, at one, two, or three inches from the apex of the malleolus : pain caused by pressure of the ligaments indicates a sprain ; pain in a limited spot of the fibula belongs almost exclusively to fracture.”—THE EDITOR.



from each other in a pathological sense. If, therefore, no fracture is present, rest and the use of evaporating lotions and applications, will effectually relieve the former, and shampooing is unnecessary. When there is reason to suspect the presence of a fracture, shampooing will not only be an unnecessary, but a highly objectionable procedure, and here again repose and resolute dressings must be resorted to, and persevered in for a longer period.

In these ambiguous cases, however, the duties of the surgeon are somewhat simplified by the circumstance that, even supposing the malleolus to have been fractured, a bandage is seldom necessary. Mr. Velpeau merely prescribes absolute inactivity of the limb, and for the purpose of subduing the tumefaction, applies resolute lotions and compresses to the ankle. For these, iodine ointments are substituted after an interval of ten days, and in the third week, if pain still persists in the movements of the foot, a starch roller is applied, which allows of exercise being taken with the assistance of a stick or a crutch. By thus shortening the period of confinement in bed, the surgeon averts the occurrence of swellings, the drying-up of the synovials, &c., and at the same time the consolidation is not retarded.

These fractures across the malleolus, undiscovered, neglected, or improperly treated, often give rise to lasting pains in the joint, and to functional infirmities of a most troublesome character, which are always referred to injuries of the ligaments, and have induced the popular belief, that with regard to its consequences, a sprained foot is a more formidable accident than a broken leg.

## ART. 6166.

### HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR NELATON'S WARDS.)

#### *Symptoms Induced by the Evolution of the Wisdom Teeth.*

The tardy, and as a probable consequence, the laborious appearance of the four last molars is a frequent cause of various symptoms, which may give rise to very serious mistakes. In support of this position, we may adduce the memoir published some twenty years ago by Mr. Toirac, on the subject, and also chapter iv., of Mr. Robert's *Clinical*



*Conferences at the Hôtel-Dieu, during the year 1858-59.* (a) Mr. Velpeau has, likewise, frequently pointed out to his hearers, errors of diagnosis in cases of this kind, and quite recently, Professor Nélaton related at one of his lectures, the history of a young woman, another victim of the ignorance too many practitioners still remain in, of the consequences which may be entailed by the tardy evolution of the wisdom-teeth.

The patient was a woman, residing in a country-town, who, after violent local pains, had been subject to a succession of abscesses in the cheek, jaw and neck, on one side. The abscesses had been opened, but the swelling and constriction of the jaws, consequent on long-enduring inflammation, obstinately persisted. The sufferer being of a fair complexion, and presenting other attributes of a lymphatic temperament, the surgeons in attendance surmised the case to be one of scrofulous caries of the lower maxilla. Neither incisions nor investigations to discover the diseased bone were spared ; and in one of these injudicious operations, the facial nerve was accidentally divided, and paralysis of the cheek and ala nasi produced. Under these untoward circumstances, the patient worn out by her prolonged sufferings, came to Paris, and applied to Mr. Nélaton for advice. He inquired if she had experienced any pain in her teeth, and on her answer in the affirmative, succeeded in parting the jaws sufficiently to acquire the knowledge that all the symptoms had merely originated in the tardy, and irregular development of one of the large molars. The diagnosis being thus established, the only proper treatment was resorted to, and the neighbouring tooth was extracted to make room for the dens sapientiæ, an operation which speedily removed all further cause of trouble or anxiety.

In this instance a scrofulous taint was erroneously supposed to exist ; in others, the symptoms are ascribed to syphilis, or cancer. Such cases are of extremely frequent occurrence, and are really far more important than may appear at first sight, as an error is no less fatal to the reputation of the surgeon, than disastrous to the patient. The wisdom-tooth must, therefore, be regarded with suspicion, and its condition be carefully ascertained whenever severe and obstinate pain is complained of in the mastoidian and parotidian regions, by subjects under forty years of age.

In general, the last molar makes its appearance between the ages of eighteen and twenty-two. But in many persons it is cut at a much later period, at thirty, thirty-five, and forty.



In some individuals, the evolution of the wisdom-tooth is even postponed to a much more advanced time of life, and Mr. Toirac asserts that he examined the head of a woman who died in her hundred and third year, and found one of the *dentes sapientiæ* on the point of issuing from the gum, although all the other teeth had dropped out long before. Taking, however, as an average limit, the age of forty, fixed on by Mr. Nélaton, we can easily understand, that after the twenty-second year, the wisdom tooth issuing from its alveolus, deformed by the pressure of the adjacent molar, may assume an improper direction. In its anomalous progress forward, backward, or laterally, the new tooth expands the alveolar periosteum, the maxilla, gum, and mouth, and thus gives rise to inflammation and suppuration of these various structures, more especially inducing a degree of pain at first more persisting than violent.

We recently observed a perfect specimen of this kind of affection in a man aged thirty, who had been admitted into Mr. Nélaton's wards. For several months he had experienced a dull, but unremitting pain in the right side of his mouth. When his sufferings increased in intensity, he generally discontinued his work for a day or two, but at last, acute inflammatory action set in, the cheek swelled considerably, the jaws contracted, and a large abscess formed, which spontaneously discharged its contents into the mouth. This puriform collection caused him to apply for admission into hospital. After it had burst, Mr Nélaton succeeded in parting the jaws, and careful investigation of the mouth revealed the cause of the symptoms. In the part of the gum corresponding to the fifth molar on the right side, an ulcer was discovered, and an aperture, at the bottom of which was found one of the tubercles of the surface of the dental crown, the remaining parts of the osteide being still covered with the gum and surrounded by suppuration. The cheek was much tumefied, and beneath the masseter, a hard substance, suggesting the idea of disease of the jaw-bone, was distinctly perceptible. The tardy eruption of the wisdom tooth was the true cause of these symptoms; the tooth was growing obliquely outward, and had given rise to the inflammation which, invading all the adjacent parts, had gradually caused them to assume their present appearance.

In this, as in other cases of the same class, the leading indication was the extraction of the wisdom tooth. The operation is sometimes practicable, although always difficult, with a lever; but in the present instance, as instruments could not reach or grasp the tooth, the next molar was



removed, and additional space being thus given for the development of the dens sapientiæ, the pain and other morbid manifestations spontaneously disappeared. (*a*)

## ART. 6167.

## OPHTHALMOLOGY.

(MR. DESMARRES' DISPENSARY.)

*Cases of Chronic Irido-choroiditis, cured by Iridectomy.*

We stated in our last number, that we would adduce in support of Iridectomy, as a method of treatment of chronic irido-choroiditis, several cases borrowed from Mr. Desmarres' practice.

We will first notice an interesting specimen of syphilitic irido-choroiditis, which Mr. Desmarres exhibited on the 8th of November. The patient was a man, who had been under treatment at his home, for simple iritis; at the Dispensary, the true nature of the inflammation was ascertained, and under the influence of antiphlogistics, mercurials and atropine, a cure was effected, leaving, however, that condition described in our last impression, which induces relapses, and leads finally

(*a*) Lancing the gums, in the cases under consideration, is a totally insufficient procedure. It seldom yields a satisfactory result, and the cruciform incision, although more efficacious, in general induces but temporary alleviation, because the wound of the gum promptly heals, and the tooth again becoming incarcerated, the same train of symptoms is repeated. To avert the possibility of this relapse, Messrs. Toirac and Robert, whose opinions on the subject we have referred to, conceive the excision of the entire portion of the gum, which presses over the tooth, and interferes with its passage, to be the most judicious plan of treatment. With a bistoury, a crucial incision of the mucous membrane is performed, and the angles are pared off with scissors.

Should this operation, as it frequently happens, prove insufficient, the neighbouring molar must be extracted, as in Mr. Nélaton's patient, to make room for the evolution of the obstructed tooth; but, if the direction of the latter is improper, and causes ulceration of the cheek or tongue, the dens sapientiæ must be removed, entirely or in part.

In some more severe cases, the alveolus is in a state of mortification, and the elimination of the necrosis would necessarily give rise to copious suppuration, and to a long succession of abscesses and sinuses; in these Messrs. Toirac and Roberts recommend, as the method most likely to shorten the duration of the disease, and to anticipate the formation of deformed cicatrices, the extraction of the mortified portions of bone, by means of small incisions performed on the gums.—H. C.



to irido-choroiditis. The left eye, which alone was diseased, was not, however, essentially damaged, a circumstance demonstrated by the preservation of the four phosphenes. As was to be expected, the symptoms returned, the iris became discoloured, exudation and complete synechia followed, together with all the other signs of iritis, and likewise the neuralgia of the fifth pair of nerves, which ushers in choroiditis. The phosphenes were now no longer perceptible, the power of distinguishing light from darkness alone remained, and as the right eye was also beginning to suffer, Mr. Desmarres determined on active interference. On the 21st October, 1861, the iris was lacerated in its lower segment, and the operation gave rise to no untoward symptoms. We saw the patient eighteen days after its performance, all pain had ceased, and vision was so far restored, that he could tell the hour on the dial of a watch, and read No. 16 of Jaeger's typographic scale ; the phosphenes had all returned, with the exception of one (the temporal), and altogether the result was satisfactory in the highest degree.

Six other cases have also been communicated to us, by Dr. Galenzowski, Dr. Desmarre's clinical clerk ; the following are their leading particulars :

The instance which most clearly elucidates the points towards which it has been our object to solicit attention, is that of a work-woman, aged forty-eight, who underwent operation on the 1st of February 1861, for traumatic irido-choroiditis of the right eye. The patient stated that at the close of last year, she was struck on the eye with a switch, that the organ had inflamed in consequence, and that in less than a fortnight, it had become completely blind. On examination, Mr. Desmarres found the eye-ball soft, the iris discoloured, and the field of the pupil obstructed by plastic deposits. Some dim perception of light still remained, but the internal phosphene alone was preserved. The only objects attainable by the operation in this case, were to check the progress of inflammation, to prevent increase of pain, and to save the patient from propagation of the disease to the hitherto healthy eye. These ends have been attained, and a certain amount of visual power restored, the hand now being discerned at a distance of three inches.

Another example of traumatic irido-choroiditis was presented in a little girl, aged nine, who was brought to the Dispensary on the 5th of July, 1861, suffering from an ophthalmia of three months' standing, which had originated in an accidental puncture of the eye with a needle. After the injury, the



organ became the seat of acute inflammation, and despite the treatment resorted to, had preserved an undue amount of vascularity. The iris and choroid were both obviously engaged, vision was almost entirely abolished, but the phosphenes were preserved. Mr. A. Desmarres, junr., a young surgeon of much promise, performed iridectomy in the inferior and internal segment of the membrane; ten days after the operation, the child could count the fingers presented before the eye, and in the course of the month of September, further improvement was ascertained to have taken place, large type was discerned, although a considerable amount of exudation occupied the very centre of the pupil.

In the other patients, whose history Mr. Galenzowski has communicated, the visual function was imperilled in both eyes.

The first was a boy of ten, in whom the atrophy of the left eye, produced by an accident, brought on, after an interval of seven months, irido-choroiditis on the right side. The iris was of a muddy aspect, and the pupil obstructed. The visual power was so far preserved, that the patient could discern a hand passing before his eye, though he was unable to count the fingers. As the phosphenes were not abolished, Mr. Desmarres expressed himself favourably as to the ultimate result, and on the 19th of August, resorted to a liberal excision of the iris. On the 30th the boy could count the fingers presented to him, and in the course of one month vision was completely restored.

Two other cases of double irido-choroiditis are also recorded, the most interesting of which is the following :

Mrs. B., a spinner, aged twenty-seven, applied on the 6th of June, 1860, for irido-choroiditis in both eyes, which had set in four years previously, in the right side after confinement. The inflammation lasted several weeks, with much injury to vision. During the ensuing years, she again had children, and after each labour, fresh irritation recurred in the same eye. In February, 1860, without any known cause or apparent change in her health, the disease invaded the left eye. On examination, the pupil of the right eye was found to be obstructed by plastic deposits, and the colour of the iris was changed, the patient on this side, had but a dim perception of the light, and the phosphenes were very faint. In the left eye, the phosphenes were unimpaired, but the sight was, however, much weakened, and it was only by considerable attention and with some difficulty, that the fingers could be seen at a distance of two inches and a half.



On the 6th of June, iridectomy was performed on both sides, but the right iris was so fragile, that the operation presented much difficulty, and the excision was very limited. In the other organ, on the contrary, a sufficient artificial pupil was established, and although a certain amount of blood escaped into the anterior chamber, the function was promptly restored. On the 22nd of June the patient could see the hands of a watch with her left eye ; she felt no pain ; was able to guide herself ; and, on the 25th of July, with the assistance of strong convex glasses, she worked at her needle.

The failure of the operation, as regards restoration of vision to the right eye, might doubtless have been foretold from the extreme faintness of the phosphenic rings ; and in addition, the unexpected fragility of the iris prevented Mr. Desmarres from establishing a sufficiently wide aperture.

Iridectomy, in this instance, however, conferred two valuable benefits—the morbid phenomena were checked, on the one hand, and on the other, the shape of the eyeball was preserved, a result in itself of some importance.

Mr. Galenzowski's last case concerns a labourer, in whom the disease was not double, but alternating ; viz., the left eye was first attacked alone, and a cure was effected by the operation ; but two years afterwards the right eye suffered in its turn in the same manner ; iridectomy was performed on the 21st December 1860, and five weeks afterwards the patient was able to make out No. 12 of Jaeger's typographic scale.

We will not expatiate any further on the results of the procedure, but will now briefly describe Mr. Desmarres' *modus operandi*, which is of such easy performance, that the professor may be said to have imparted to iridectomy a degree of simplicity entirely unhopd for before his publications.

Instead of detaching the iris at its outer circumference, Mr. Desmarres grasps the membrane as near as possible to the margin of the pupil, and, therefore, close to the morbid adhesions. The *corpus ciliare* thus escapes injury, and the patient is spared the often excruciating agony which attends its laceration. The chances of subsequent neuralgia are also averted, and likewise the danger of inflammation which might cause occlusion of the artificial pupil, and the atrophy of the organ.

The performance of laceration of the iris, or *iridorhexis*, requires the presence of two assistants. The patient reclines on a high and narrow couch, and the Surgeon places himself to the right or left side, or at the back, according as he intends to operate on the right or left eye, or on the upper part of the cornea. One of the assistants raises the upper lid with an



elevator, and holds the patient's head. The other lowers the inferior lid, and with well-pointed forceps seizes the conjunctiva near the cornea, in a spot opposite to that at which the knife is to penetrate, so as to prevent any motion of the eyeball. The Surgeon then inserts a lance-shaped blade, or Beer's knife, precisely at the junction of the sclerotic and cornea, glides into the anterior chamber in a direction parallel to the plane of the iris, and performs an incision of about two lines in extent. The knife is then withdrawn, the assistants at the same time slightly loosening the elevators, to avoid, as far as possible, the escape of the aqueous humour.

The operator now with the hand which held the knife, passes an incurvated forceps into the eye, with the concavity of the instrument turned towards him, and presses it forward behind the cornea, as near as possible to the adhesions; the blades of the instrument are then allowed to open, and the iris immediately protrudes between them. This membrane is then grasped firmly, and lacerated by a sudden effort. When it has given way, the part to be removed is gently brought out, and cut with curved scissors by one of the assistants.

The operation thus performed, is extremely simple. For further particulars, we refer our readers to Mr. Desmarres, excellent treatise *On Diseases of the Eyes*. We may add that its consequences are seldom serious. The eyes should for two or three days be kept closed with a strip of court plaster, cooling applications should be applied to the forehead, and, if necessary, leeches and anodynes prescribed. Inflammatory action is thus guarded against, and in a short time the patient is again enabled to resume his usual avocations. (a)

(a) In our last number, we mentioned the case of a young woman, affected with irido-choroiditis, and took that opportunity of offering some remarks on the rational treatment of the disease. She underwent operation on the 26th of December, but it has not yet borne all its fruits. We are, however, happy to be able to say, that despite the difficulties caused by the old standing of the adhesions, this young person, who before could not distinguish the hand, can now count the fingers, and begins to discriminate between the colours of different kinds of Berlin-wool. We may also note, as a remarkable and promising circumstance, that all internal pressure has ceased in the eye, and this organ, which hitherto followed in a passive and lifeless manner the movements of its fellow, resumes every day more and more the spontaneous action, and intelligent expression it had lost.—H. C.

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### MEDICAL CORRESPONDENCE.

ART. 6168. DISLOCATIONS OF THE SHOULDER-JOINT REDUCED BY THE HEEL-PROCEDURE.—SIR,—Your last number contains, in addition to some cases of dislocation of the arm, reduced by Mr. Chassaignac, by pressure exercised in the axilla with the heel (Art. 6148), the mention of a modification by means of which, the author of an article published in the *Abeille Medicale* (Mr. Hamon), succeeded with the utmost ease in reducing a luxation of the shoulder, which had resisted the efforts of two other surgeons.

This modification consists in the application of the heel over the shoulder, and the praise bestowed on it is, by no means, undeserved. During the two years of my residence as interne at Hospital Saint-Louis, in Paris, I several times resorted to this plan with perfect success. In the case, for instance, of an athletic stone-mason, I reduced *alone*, a dislocation of the shoulder, after the united efforts of Professor Gerdy, his internes and assistants, had utterly failed in producing the least impression, by the usual method.

This plan was the subject of my inaugural thesis, in 1837, and for the last twenty years, I have never had recourse to any other.

If I am not mistaken, this procedure originated with Mr. Mothe, of Lyons, who died without having the gratification of convincing the Profession of its utility, and twenty years later, towards the year 1835, Mr. Malgaigne resumed the subject, and treated it with his usual ability.

Du Bois, M.D.

*Lt.-Col. Sanitary Federal Staff (Switzerland).*

ART. 6169. ADDITIONAL FACTS ILLUSTRATIVE OF THE EFFICACY OF TOBACCO-SMOKE FOR THE EXPULSION OF LEECHES FROM THE FAUCES.—The method adopted by Dr. Villars, in the case recorded in Art. 6153 of the present journal, is most efficacious, and will always answer even when salt-water has failed. I have always, while in Africa, found the best effects from the inhalation of tobacco-smoke under the circumstances alluded to, both in the natives and in our own soldiers. I have notes of six cases of the kind, the subjects of which were two Arabs, three light dragoons, and one driver of the military train. In all, the introduction of the leech into the fauces was of several days' standing. Alum and salt-water gargles had vainly been resorted to, whereas the liberal and deep inhalation of tobacco-smoke, induced in a few seconds spasmodic contrac-



tions of the throat, and the rejection of the half-stifled annelids.

The driver had been admitted in the *Hôpital du Dey* for intermittent fever, and he had swallowed the leech a week before. The hæmorrhage was increasing in abundance, oppression was complained of, the countenance was changing, and the patient seriously alarmed. An emetic and various gargles had been vainly resorted to, and even tobacco-smoke had once been inhaled without effect. On another occasion, however, the smoke was puffed into his mouth and throat by a comrade, and, after a brief interval, spasmodic contractions occurred, and a large leech was expelled.

Whatever be the mode of action of tobacco-smoke, it is undoubtedly efficacious for the expulsion of these dangerous guests, and the case I have related shows that if inhalation by the subject himself does not effect the desired result, it may still be attained by the adoption of the procedure described in this instance.

BILLON, M.D.  
*Surgeon 69th Reg.*

ART. 6170.—ULCERS AND BURNS; THE WATER-CURE.—I entirely agree with Mr. Barbette, of Niort, as to the great utility of cold-water dressings in the treatment of atonic ulcers (Art. 6123). But they may be considered as equally useful for inflamed wounds and burns.

The mode of dressing I have adopted at the suggestion of Dr. Rossignol, a Belgian practitioner, slightly differs from that recommended by Dr. Barbette, and consists simply in the application of compresses soaked in cold water, and protected by a water-proof covering. This plan promptly improves the aspect and character of atonic ulcers, and promotes their cicatrization. In burns, the local pain is entirely removed in the course of an hour or two, and the most satisfactory results may be depended on.

For atonic and torpid ulcers, the compresses should not be too frequently changed. They should be allowed to get warm, a sort of vapour-bath is thus established around the part, and solicits reaction. But in inflamed wounds, the dressings should be kept perfectly cool, in order to secure their sedative effects and check inflammatory action.

OSCAR RAPIN, M.D.  
*Grandson, Canton de Vaud, Suisse.*



## SCIENTIFIC MISCELLANEA.

ART. 6171. EFFECTS OF THE NEW FIRE-ARMS.—Messrs. Parkerson and Bourne, the well-known London publishers, have recently presented the public with a work on Surgery, (a) the first two volumes of which are announced in the *Gazette Hebdomadaire*, by Mr. Giraldès, and contain some interesting remarks by Mr. T. Longmore, on gun-shot wounds. Mr. Longmore, a former divisional Surgeon in the Crimea, is now Professor of Military Surgery at the Chatham College, Deputy-Inspector of Army Hospitals, and, consequently, well qualified to discuss this important question. We cannot but regret that his paper has not yet been translated into French, a task which will doubtless soon be undertaken; in the meanwhile, we borrow from the analysis supplied to us by Mr. Giraldès, a passage illustrative of the manner in which the subject has been viewed by the author.

The most powerful of all the elements which of late years have contributed to modify the ideas prevalent on the mechanism and treatment of wounds received in action, is unquestionably the introduction into military tactics of the new fire-arms, which combine with increased precision and more extended range, the faculty of propelling projectiles of a novel shape, surpassing in impetus and force of penetration all those previously discovered.

“Mr. Longmore,” says Mr. Giraldès, “lays much stress on these various points. He explains, with extreme care, how these very circumstances must necessarily, in modern warfare, increase the number of casualties, and the severity of the injuries inflicted. Before the invention of the rifle in present use, the average range of the smooth bore musket seldom exceeded 100 to 160 yards, and if occasionally a range of from 400 to 600 yards was attained, it was only in experimental firing. With the new rifled weapons, and the cylindro-conical ball, the point-blank range varies between 11 and 1,200 yards. This enormous increase of the horizontal distance to which a shot can be carried, together with the precision of the firing and the power of penetration of the bullet, sufficiently accounts for the greater number of wounds received in recent than in former engagements. In the British army the range of the Brown-bess was of 90, and that of carbines of

(a) *A System of Practical and Speculative Surgery*, by several authors, published under the direction of L. Holmes, Esq., Assistant-Surgeon at the Hospital for Infantry. Four vols.



200 yards; the Enfield rifle now tells at 1,000 and 1,100 yards. Thus, in the Caffre war, 80,000 shots were fired with the old musket, and 25 men only were wounded; whereas, at Cawnpore one company armed with the Enfield rifle, at a single discharge, laid low 69 horsemen. This is not for the Surgeon a question merely curious, but points to certain particulars the knowledge of which may be essential. Not to stray from the subject of the increased number of casualties, Mr. Longmore remarks, that in the hard-fought battles of June 16th, 17th, and 18th, inclusive of the battle of Waterloo, only 8,000 men were killed and wounded in the Duke's army, whereas at Solferino alone, the French and Sardinian armies numbered 16,800, and the Austrians 21,000 casualties. This is a question deserving of every attention, inasmuch as the results alluded to show the necessity in given circumstances of a considerable augmentation of the Surgical staff and ambulance stores of modern armies. The greater severity of the wounds is another far more important consideration, and requires, in order to be perfectly understood, that the different motions of the ancient and recent projectiles be not lost sight of. The round bullet issuing from a smooth bore, is propelled with a rotary movement similar to that of a billiard-ball, and preserves it to the end of its course; hence this kind of projectile deviates easily when it encounters an obstacle. A tendon, or a curved surface will change its direction, and cause it to run round a region instead of passing through it. Instances of the kind are numerous, and Mr. Longmore relates several. The new bullet, and more especially the expanding cylindro-conoidal, although not propelled with greater velocity, about 500 yards per second, preserves its initial speed during a very considerable part of its progress; but the movement is of a different description. The inner face of the barrel being spirally grooved, a rotary movement around the axis of the gun is imparted to the projectile, which endures until the ball has struck the mark. With an initial velocity of 330 yards per second, at 190 yards, the speed is still 170 yards. Precision, range, and penetration, are, therefore, the chief causes of the gravity of the wounds. As to the influence of the peculiar motion of the cylindro-conical ball, it is obvious that the trajectory is more direct, and that the apex of the projectile first coming into contact with the surface of the body, will penetrate into its cavities instead of deviating around them, offend organs which formerly had a chance of escaping injury, perforate and shiver bones, &c. These various details, which should be familiar to the Surgeon, account for the shape and severity of



the wounds, and in a given circumstance may suggest a preference for amputation over resection of any part of a limb."

Mr. Longmore demonstrates the utility of the inhalation of chloroform in military Surgery, and makes a rule of its exhibition. In opposition to the opinion of John Hunter, he points out the advantages of the early performance of amputations and excisions, after the disappearance of the first nervous symptoms, a practice in accordance with Larrey's views, which the experience acquired during the Crimean and Italian Campaigns, and in the war of the Duchies, has moreover amply sanctioned.

ART. 6172. MR. MARION SIMS' OPERATION FOR VESICO-VAGINAL FISTULA.—We have had several opportunities of noticing Mr. Bozeman's operations for the cure of vesico-vaginal fistula, the performance of which seldom requires less than four hours. The progress of warfare is slow, it is true, but the advance of Surgery is rapid in the United States, and Mr. M. Sims, formerly of Alabama, now of New York, has recently shown, both in Paris, and in Brussels, that his procedure, which he calls the clamp suture, need not occupy more than a quarter of an hour, or twenty minutes, at the farthest, including the time necessarily devoted to diagnosis.

Mr. Marion Sims performed three operations for vesico-vaginal fistula, at the Hospital Saint Pierre, in Brussels, and one in Paris, in Mr. Velpeau's wards. The *Presse Médicale Belge* and the *Gazette Hebdomadaire* have recorded these interesting visits, and described the *modus operandi* adopted by the American Surgeon. We remarked, among others, the following particulars :

The patient reclines on her left side, a position to which Mr. Marion Sims attaches much importance. He seldom exhibits chloroform, but immediately introduces a speculum of a peculiar shape, incurvated at its middle, and intrusts the handle to an assistant.

Four instruments are required for the *freshening* of the margin of the fistula, straight or curved scissors, a bistoury, a tenaculum, and a forceps. With the tenaculum, the operator seizes the mucous lining of the vagina, only, and with the scissors, divides the edge of the perforation, carefully avoiding any injury of the vesical mucous membrane; with the hook he thus raises in succession, and freshens the entire circumference of the morbid aperture.

The second stage of the procedure consists in the introduction of the silk threads destined to serve as conductors to the



metallic sutures. These temporary ligatures borne, by a short and almost straight needle, are inserted at about four lines from the freshened margin, and passing through the vesico-vaginal septum, do not involve the mucous coat of the bladder, and issue through the opposite edge of the fistula, including the whole extent of the denuded surfaces. A number of ligatures, of different colours, to avoid confusion, and sufficient to obliterate the orifice, are thus placed in succession, at about two lines and a quarter from each other.

When this has been successfully accomplished, the surgeon proceeds to the substitution of oiled silver wires, for the silk threads.

The extremity of the wire is engaged in the loop of the first thread, which, on being withdrawn, carries with it the permanent metallic suture. The ends of the latter are then twisted with a pair of long curved tweezers, and bring the edges of the wound into close apposition, and the superfluous points of the ligature are cut with the scissors.

The same process is repeated for every suture, and when the operation is concluded, the lips of the fistula are securely closed, and primary union may be expected to take place.

The patient is then conveyed back to her bed, and instructed to lie on her back or sides ; any other position is prohibited. A permanent catheter is placed in the bladder, and the urine escapes into a small vase placed between the legs. The tube has a double bend, and is provided at its point with a number of small apertures, instead of the usual single or double eyelet.

This appliance protects the skin and bedding from contact with the urine. The instrument is removed twice a-day, and carefully cleaned. Liberal diet is allowed, and constipation is encouraged by the attitude and by anodyne medicines. The sutures are removed on the eighth or ninth day, but the use of the catheter is, for a short time longer, preserved in.

ART. 6173. TANNIN IN ALBUMINURIA.—We find in the *Journal de Médecine de Bruxelles*, the particulars of a case, observed in Mr. Pigeolet's wards, which shows, that although tannin may not be a specific for albuminuria, the chemical condition of the secretions of the kidneys may be greatly improved under its influence.

A stone-mason, aged forty-four, was admitted into the wards of Hospital Saint Pierre, on the 22nd of December, 1860, suffering from pneumonia, in the first stage, and from albuminous nephritis.

On the 1st of January, the pulmonary inflammation was



progressing favourably, but the presence of anasarca, and of a copious deposit of albumen in the urine, testified to the persistency of the renal affection. To remove the last remnants of the pulmonary inflammation, bloodletting was resorted to, and in five or six days all trace of it disappeared. On the 5th of January, light food was allowed, and on the 8th, fifteen grains of tannin were exhibited in a four-ounce mixture. The dose of the remedy was increased every day, and on the 16th, reached one drachm, and was persisted in up to the 22nd; the amount was then gradually reduced, and on the 1st of February, eight grains only were taken. From the 11th of January no trace of albumen was discoverable in the urine, but although the anasarca subsided at the same time, the albuminous deposit again becoming apparent, on the 5th of February, thirty grains of tannin were administered, but the patient insisted on leaving the hospital on the 9th, a circumstance which caused the treatment to be discontinued.

So many different opinions have been brought forward on the treatment of albuminuria, that empirical medication is perfectly justifiable. In this instance, the tannin appears to have exercised an unmistakeably favourable influence, and this is the remedial agent which Mr. Pigeolet, after numerous trials, has found most efficacious.

ART. 6174. CEREBRAL CONGESTION ; BLOODLETTING FROM THE NOSTRILS.—Mr. Borie, a practitioner at Saint-Germain (Lot.), recently adverted in the *France Médicale*, to the beneficial effects of leeching the nostrils in persons threatened with apoplexy.

When it is desirable to have recourse to this measure, says Mr. Borie, the nostrils should be syringed with warm water, and a leech gently held in the grasp of a dissecting forceps, be introduced into the nose, where it fixes at once. The same process is repeated on the other side, and in a short time the annelids gorged with blood, drop off, and may, if necessary, be replaced by others.

The hæmorrhage thus induced is generally copious, and promptly relieves the cerebral blood-vessels; in severe cases, venesection will be also appropriate.

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**PRESCRIPTIONS AND FORMULAS.**

ART. 6175. THE LITHIC ACID DIATHESIS; MR. PIORRY'S PRESCRIPTION.—Professor Piorry at the conclusion of a lecture which has been published in the *Gazette des Hospitaux*, expressed himself as follows :—

“I shall never forget the case of a Russian gentleman, who consulted me for gravel, which he had been suffering from for several years. He perseveringly followed my advice, and as he was perfectly cured, I will describe the treatment I recommended.”

The following was my prescription :

1. To take four times a day, when the stomach shall be empty, a glass of infusion of orange-peel, or of gum-water containing one tea-spoonful of bicarbonate of soda. This large amount of alkaline beverage is the main feature of the medication, and is a good substitute for the Vichy or Contrexeville waters.

2. To take twice a week a tepid bath containing at least four ounces of bicarbonate of soda, frequently examining the urine with test-paper ; when the renal secretion will be found in a highly acid state, continue the treatment ; cease it under opposite circumstances.

3. Locally, to rub night and morning the seat of pain with flannel, impregnated with sweet oil. Every other day a cold douche, propelled for a quarter of an hour, or if possible, twenty minutes on the same region.

4. To use sparingly of animal food, and to drink at the same time liberally, claret diluted with two-thirds of water. Generous wine, spirits, coffee, &c., are strictly prohibited as likely to aggravate the symptoms.

Should the kidney increase in size, poultices and venesection must be resorted to. Repose is indispensable ; and occasionally all drinks will be discontinued for a time, in order to diminish the activity of the renal secretion, and the consequent hypertrophy of the kidney.

ART. 6176. FUMIGATING PASTILLES.—Dr. Corbel-Lagneau has recently published, at Asselin's Library, an interesting pamphlet on *The Use of Fumigations in Chronic Affections of the Chest*, from which we gather the following particulars :—

The medicated fumes are evolved from a small cone, resembling the common fumigating pastille, which burns at



all times with ease, and can be used by the patient without assistance.

By the direction of the author, Mr. Perdriget, a dispensing chemist, has prepared cones with *iodine*, *iodide of sulphur*, *camphor*, *opium*, *benzoin*, *tar*, *sugar*, *cinnabar*, &c., applicable to a variety of indications.

We will say little of pulmonary consumption, but in asthma the stramonium and camphor anodyne pastilles have been used with almost unvarying advantage. In cases of phthisis, when violent pain is complained of in the chest, one or two opium cones, burnt in the evening on the patients' night-table, induce sleep, and replace sedative mixtures. These appliances may be resorted to in all analogous instances.

In pulmonary catarrh, in addition to the usual remedies, Mr. Corbel-Lagneau prescribes inhalation of the fumes of Peruvian balsam, benzoin, camphor, tar, or fir-buds, according to the peculiar susceptibility of each subject. For tuberculosis, the iodine cones are consumed morning and evening, or oftener, if the patient's chamber is frequently ventilated.

For subacute bronchial irritation, emollient and expectorant pastilles are made with *althææ*, *lycopodium*, or *sugar*.

These cones have been tested by the author in coryza, and also those containing camphor or opium, with the best effects.

The following are a few of Mr. Corbel-Lagneau's formulas :—

#### IODINE PASTILLES.

- R Iodini, ℥j. ;  
 Pulv. althææ, ℥x. ;  
 Potassæ nitratis, ℥ix. ;  
 Alcohol rectific., q. s. ;  
 Aquæ, q. s.

Triturate the iodine in the spirit in order to effect extreme division ; add the nitre and althææ powders, mix accurately, and with the water form a paste of sufficiently thick consistency ; divide into ten equal cones ; dry in an oven.

#### CINNABAR PASTILLES.

- R Pulv. althææ, ℥x. ;  
 Potassæ nitratis, ℥x. ;  
 Hydrarg. bisulphureti, ℥v. ;  
 Aquæ, q. s.

Mix carefully the three ingredients ; make into a paste, and divide into ten pastilles, each of which will contain half a drachm of cinnabar.

## STRAMONIUM PASTILLES.

- R Pulv. stramonii, ʒx. ;  
 Potassæ nitratis, ʒx. ;  
 Pulv. althææ, vel lycopodii, ʒijss. ;  
 Aquæ, q. s.

Mix the althææ powder, or lycopodium, with water into a paste, and add the two other ingredients ; divide into ten cones.

The same method is applicable to the preparation of *bella-donna* and *digitalis* pastilles.

## TAR PASTILLES.

- R Picis liquidæ, ʒj. ;  
 Pulv. althææ, ʒix. ;  
 Potassæ nitratis, ʒix.  
 M. Divide into ten cones.

## OPIUM PASTILLES.

- R Pulv. althææ, ʒx. ;  
 Potassæ nitratis, ʒx. ;  
 Pulveris opii, ʒss. ;  
 Aquæ, q. s.  
 M. Divide into ten cones.

## CAMPHOR PASTILLES.

- R Pulv. camphoræ,  
 Potassæ nitratis,  
 Pulv. lycopodii, vel. althææ, āā ʒj. ;  
 Aquæ, q. s.  
 M. For ten cones.

## SUGAR PASTILLES.

- R Pulv. sacchari, ʒxj. ;  
 Potassæ nitratis, ʒxj. ;  
 Pulv. lycopodii, ʒviij. ;  
 Aquæ, q. s.  
 M. For ten cones.

## FIR-BUD PASTILLES.

- R Abietis germinum, ʒj. ;  
 Pulv. lycopodii, ʒv. ;  
 Potassæ nitratis, ʒj.  
 M. For ten cones.

## BENZOIN CONES.

- R Benzoini, ʒj. ;  
 Lycopodii pulv., ʒix. ;  
 Potassæ nitratis, ʒv.  
 M. For ten cones.

These various preparations should be dried in an oven, and be kept in a place free from damp. They may be preserved in boxes, or preferably in double-bottomed jars, perforated



with numerous small apertures, and containing anhydrous lime which should be changed every three months.

ART. 6177. AGARIC PREPARED WITH SESQUI-CHLORIDE OF IRON FOR HEMOSTATIC PURPOSES.—All practitioners are acquainted with the extreme difficulty sometimes experienced in checking the hæmorrhage from leech-bites in very young children. For our part we always adopt the suggestion offered by Mr. Bouchut, and leave in the hands of the parents or nurses a few *serrefines*, with which the little wounds can, if necessary, be secured, and we must say that this appliance always answers the purpose. If these instruments, however, were not at hand, sesqui-chloride of iron might be resorted to; but in a liquid state, this hemostatic cannot safely be trusted to inexperienced hands, and in order to supply the desideratum here pointed out, Dr. A. Martin, a military surgeon, recommends a solid preparation, described as follows in the *Moniteur des Sciences Médicales et Pharmaceutiques*.

“Well selected, and previously dried pieces of spongy agaric, are impregnated with a more or less concentrated solution of sesqui-chloride of iron (in general of 1,250 sp. gr.), or with Monsel’s hemostatic fluid. After having soaked in this liquid for a quarter of an hour, the agaric is dried in the sun, and each piece is rubbed in the hands until it has recovered its softness. For every leech-bite, two rounds of agaric should be left with the patient, and a round, folded in two, be applied by its tomentous surface to the wound, and kept in close contact by gentle pressure of the finger for ten or fifteen minutes. A strip of adhesive plaster and a band should afterwards be applied.”

ART. 6178. CHLORO-ANEMIA; DR. MORDRET’S BITTER WINE.—The utility of tonic bitters in chloro-anemia, and in nervous disorders, is second only to that of chalybeates. Mr. Mordret, of Le Mans, invariably prescribes them in all cases of this description, and in his excellent Treatise on the subject, he states that the following is the preparation from which he has derived the greatest benefit :—

R. Cinchonæ lancifoliæ et cordifoliæ corticis, ā ʒiv. ;  
 Quassiaæ amaræ, vel Gentianæ, ʒijss. ;  
 Rhei, ʒss.—ʒj. ;  
 Corticis aurantii, ʒijss. ;  
 Adde—Spirit. vini gallici, ʒiv.  
                   Post horas, xij. ; adde  
                   Vini gallici, Oij.  
 Macerate for four or five days ; agitate occasionally : strain.

If the taste of wine is objected to, Mr. Mordret prescribes a decoction of the same substances in water, and administers a wine-glass full of one or the other before or after the principal meal.

ART. 6179. LEUCORRHŒA; INJECTIONS RECOMMENDED BY THE BORDEAUX DISPENSARY.—Professor Jeannel, chief physician of the Bordeaux Dispensary, publishes in a paper communicated to the Academy of Medicine, the formula of a lotion adopted in Bordeaux, not only by the women who attend the Dispensary, but by persons of all classes, as an efficient remedy for leucorrhœa, and granular ulceration of the cervix.

This liquid is sold at one penny a quart, and its prime cost is half that sum; it is compounded as follows:—

R Aluminis, ℥iv.;  
Ferri sulphatis,  
Cupri sulphatis, ā gr. xv.;  
Aquæ, Oij.;  
Spirit. aromat. co., gr. xv. M.

The habitual use of this liquid, says Mr. Jeannel, cures leucorrhœa, and erosions of the cervix are promptly healed by injections performed three times a day. If the solution is found uncomfortably astringent, a little water may be added.

## ART. 6180.

### LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—The following subjects are proposed for competition.

For the year 1864.

*The history and pathology of pellagra.*

Candidates are required.

1. To point out the different countries in which endemic pellagra is prevalent, and those in which it has assumed a sporadic shape, both in France and abroad.

2. To note the history and symptoms of the disease in lunatic asylums, distinguishing between the cases in which insanity and general paralysis have preceded, from those in which they



have followed the cutaneous and digestive manifestations special to pellagra.

3. Most carefully to inquire into the ætiology of pellagra, and especially to study the influence of deteriorated Indian corn, on its production.

4. In short, to present a monograph which may throw light on the causes and geographical distribution of pellagra; contain an accurate description of its usual forms, and, by imparting increased precision to the diagnosis and treatment, contribute to the advancement of pathological science, and confer a boon on practical medicine, and on public hygiene.

Value of the prize, 200*l*.

All essays to be written in French.

*Medicine and Surgery.* For the year 1866, the Academy proposes the following question.

*The application of electricity to the treatment of disease.*

Competitors for the prize are required.

1. To describe the various kinds of apparatus in use, their action and physiological effects.

2. To collect and discuss the value of the facts already published on the application of electricity to therapeutics, and especially to the treatment of diseases of the nervous, muscular, lymphatic, and vascular systems; to estimate the importance of such observations, and determine the cases in which intermitting or continuous currents are appropriate.

Value of the prize, 200*l*.

The papers to be written in French.

*Grand prize of Surgery*, to be adjudged in 1866.

The Academy proposes as a subject:

*The preservation of the limbs, by the preservation of the periosteum.*

Candidates will, of course, recollect that their researches must be of a practical nature, and that as the human subject is the object of their studies, the Academy relies no less on their attention to the claims of humanity, than to those of science.

Value of the prize, 800*l*.; one-half of the sum has been subscribed by the Emperor.

All papers to be forwarded to the Secretary of the Institute previously to the 18th of April, 1866. They must be written in French, and the competitors are required not to communicate their names.

ACADEMY OF MEDICINE.—The Academy proceeded to the election of its Office-bearers and Council for the year 1862.

Mr. Bouillaud was unanimously elected President, Mr. Larrey, Vice-President, and Mr. Robin, Secretary. The following gentlemen will form the Council :—Messrs. Larrey, Blache, and Bouchardat.

Mr. Robinet, before leaving the Chair, briefly recapitulated the events of the past year.

The obituary has been unusually heavy, and comprises seven valued names—viz., Messrs. Haller, Ferrus, Geoffroy-Saint-Hilaire, Is. Bourdon, Bricheteau, Lafond and Moreau. The Academy also lost two corresponding associates, Messrs. Forget, and Ribéri, of Turin. Five new members have been elected, Messrs. Cl. Bernard, Regnault, Reynal, Gobley, and Vernois. Mr. Leudet, junr., of Rouen, has been named Corresponding Member.

The Committee of Epidemics analysed 128 Reports.

The Vaccination Committee caused 2,430 persons to be vaccinated, and has disseminated over the entire world a countless number of vaccine-tubes and plates.

Fourteen Reports on mineral waters, analysed in the Academy's laboratory, were presented.

As usual, a permanent committee examined, with well-founded suspicion, the host of panaceas annually offered for the approval of the Academy. During the year 1861, fifty-eight reports on these *patent remedies* were forwarded to the competent Minister. Such reports seldom conclude favourably. Since the Decree of 1850, the Academy has granted to scarcely seven or eight of these medicines the distinction of a mention in its official *Bulletin*.

Mr. Robinet enumerated the various debates which took place at the meetings; the verbal and written communications, the works and instruments presented in the last year. In short, his parting address was a general review of the labours of the Society during the twelvemonth, and was concluded in the midst of warm applause from all the members present.

— Mr. Robert then read a Report on a new Pessary, presented by Mr. Grancollot, or by Mr. Pouillien, a truss-maker, who claims priority of invention. "This contrivance," said Mr. Robert, "supports without pain the uterine prolapsion, and neither irritates the parts, nor interferes with the freedom of the patients' movements.

Messrs. Depaul, Hervez de Chégoin, and Malgaigne took part in the discussion. Mr. Depaul was of opinion that for simple prolapsus uteri, the perineal pad was superior to all



intravaginal appliances. Mr. Hervey de Chégoin stated he had used with benefit the cup-pessary. Mr. Malgaigne's only objections to the new instrument were its high price and somewhat complex mechanism, but the three learned members seemed to agree that, in cases in which the common pessary had signally failed in affording adequate support to the displaced viscus, Mr. Grandcollet's instrument had met with better success. It would, therefore, present advantages which justify, to a certain extent, Mr. Robert's rather emphatic encomium.

— Our readers will, doubtless, not have forgotten Mr. Gosselin's Report on Excision of the Hip-joint in *morbis coxae*. The learned Reporter, comparing the results of the operation in the London and Paris hospitals, accounted for the more frequent success obtained by British surgeons, by the more healthy arrangement of the hospitals on the other side of the Channel. Messrs. Bouvier, Malgaigne, and Davenne addressed the Academy on this point, and the debate has not yet been concluded. We shall in our next number summarize its principal features.

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### BIBLIOGRAPHY.

ART. 6181. *Compendium de Chirurgie Pratique, ou Traité Complet des Maladies Chirurgicales, et des Opérations que ces maladies réclament.* (A Cyclopædia of Practical Surgery, being a complete Treatise on Surgical Affections, and the Operations requisite for their cure), by *Messrs. Denonvilliers and Gosselin* (a)

This work has met with a fate similar to that of Professor Dubois' *Treatise on Obstetrics*, and has for so long a time been discontinued, that some fear was entertained that Auguste Bérard's original scheme of a complete Cyclopædia of Practical Surgery would never be brought to a conclusion. Mr. Asselin shows these apprehensions to have been groundless by the publication of the fifteenth part; in order to reassure the subscribers to this most useful *Compendium*, we cannot do better than to reproduce *verbatim* the notice issued by Messrs. Denonvilliers and Gosselin with the new fasciculus which forms the conclusion of the third volume.

(a) Fifteenth part, concluding vol. iii. Asselin, Paris.

"The authors of the *Compendium*," say the two eminent authors, "would have been happy to fulfil their engagements with the public, by finishing alone a work they had undertaken alone. But the task is one which requires far more time than they can possibly spare from tuition, hospital and private practice, and the supervision of the Medical Schools. Determined, however, not to disappoint the subscribers either by leaving the undertaking in an unfinished condition, or by merely affixing their names to the productions of unknown writers, they have decided on securing the assistance of several of the most able of the young surgeons of the hospitals and faculty of Paris. Messrs. Foucher, Richet, and Verneuil, Fellows of the School of Medicine and Surgeons of the Hospitals, and Messrs. F. Guyon, L. le Fort, and P. Tillaux, Prosectors of the Faculty, have consented to give their co-operation to Messrs. Denonvilliers and Gosselin, for the prompt completion of the *Compendium*.

"The authors retain the right of general supervision, and will continue to take a personal share in the labour. The contributors will undertake the subjects for which their previous studies and publications may have best prepared them, and a prefatory note will indicate the names of the authors of the articles contained in each fasciculus.

"The authors of the *Compendium* confidently trust that the subscribers will view the arrangement as a further proof of their earnest wish to satisfy the legitimate requirements of the public, and to bring to a speedy and satisfactory conclusion a work persevered in now for many years, and which hitherto has been honoured with unremitting encouragement from the profession."

The number before us includes Dental Surgery, or to speak more accurately, the end of the article devoted to the subject. This chapter is in itself a monograph which country surgeons especially will find highly interesting. Garengeot's-key, of late years much maligned, is here again recommended to popular favour, and vindicated from the many charges brought against it by professional dentists. The diseases of the gums, mouth, tongue, palate, tonsils, and parotids, also receive their due share of attention.

In their appreciation of the various modes of treatment of ranula, the authors express themselves as follows:—"In the most unfrequent form of the disease, caused by obstruction of the salivary ducts, it would obviously be proper to have recourse to some operation calculated to establish a sort of permanent sinus on the flooring of the mouth, and simple



incision, followed by limited excision, ought, in general, to answer every purpose, as the uninterrupted escape of the secretion would doubtless prevent the artificial orifice from closing.

"In the far more common variety due to the presence of cysts, the injection of wine, the least distressing of all the various procedures recommended, should first be resorted to ; but should this fail in effecting a cure, Mr. Gosselin advises a portion of the sac to be cut away with a tenaculum and scissors, followed by repeated cauterisation of the cavity, and subsequent incisions. Lunar caustic should be applied every day at first, and every second day afterwards, vigorously ; and when the wound begins to heal at one of its extremities, it should be reopened, and the tract again touched with nitrate of silver. Five successive applications of the lunar caustic, and one or two secondary incisions, Mr. Gosselin has in general found sufficient to effect the desired object."

This passage sufficiently illustrates the spirit in which the work is written, and shows what importance the authors attach to apparently unimportant detail, precisely because they are themselves not only well read and learned surgeons, but also most successful and expert operators.

ART. 6182. *Leçons sur le Chancre Professées, par le Docteur Ricord.* (Mr. Ricord's Lectures on Chancre), published by A. Fournier, M.D., late Interne at the Hopital du Midi. (a)

*Nouveau traité des Maladies Vénériennes, d'après les documents puisés dans la Clinique de Mr. Ricord, et dans les services Hospitaliers de Marseille, suivi d'un appendice sur la Syphilisation et la prophylaxie Syphilitique, et d'un Formulaire spécial.* (A new Treatise on Venereal Disease, from documents supplied by Mr. Robert's Clinique, and by the Marseilles Hospitals, with a Supplementary chapter on Syphilisation, prophylactic measures, and a selection of Formulas), by M. Robert, M.D., *Head Surgeon of the Marseilles Hospitals.* (b)

The Lectures summarised in another part of the present number, impart additional interest to these volumes.

At a time, as Mr. Ricord truly remarked, when a reaction is taking place against the doctrines he has upheld for many

(a) One vol. 8vo. Adam Delahaye, Paris.

(b) A thick 8vo. T. B. Baillière and Son, Paris.

years, and still energetically defends, in their more essential points, it is highly desirable that they should be clearly expounded with the modifications the intelligent Professor has seen fit to adopt.

*“L’homme absurde est celui qui ne change jamais.”*  
He is absurd that never changes,

says the poet. The aphorism could never be applicable to Mr. Ricord, and should even his prestige be thereby somewhat diminished, he must be congratulated by all honest minds for having preferred the interests of truth to an unreasoning stubbornness in his opinions.

In the history of Syphilis, chancre is not all, but the important part assigned by Mr. Ricord to the primary ulcer, as *the necessary exordium* of the disease, the numerous and intricate problems connected with its development, the researches and discussions which it has occasioned, invest all inquiries on the subject with considerable interest, and Mr. Fournier’s volume is, in our opinion, the most complete treatise which has yet been offered to the public on this knotty and suggestive question.

Chancre alone would have been an amply sufficient field of study, but the author has thought proper to include in his disquisitions several disputed matters too closely connected with the main subject, to be entirely set aside in a work of this description. Others recommended themselves to his attention either by their novelty or their doctrinal importance, and are to be found in the body of the volume, or in the supplementary notes. We may quote, for instance, the researches connected with *the condition of the blood in persons affected with syphilis, mediate or indirect contagion, the transmission of the various kinds of chancre, the dualism of the virus, &c.*, questions which at the present moment powerfully engage the attention of observers, and can by no means be ignored.

It is impossible to establish any comparison between Mr. Melchior Robert’s book and Mr. Fournier’s publication. Mr. Fournier takes for his text one individual subject, which he treats with an amount of detail not to be expected in other works. Mr. Robert, on the contrary, presents the profession with a new and complete treatise on venereal affections, thoroughly investigates all historical and theoretic questions, discusses modern opinions and methods of treatment, and lays much stress on practical diagnosis and therapeutics. Mr. Fournier’s work is, moreover, the faithful



mirror of Mr. Ricord's doctrine, whereas Mr. Robert's volume is an entirely original production. The manner in which each problem is discussed, shows that the author is a keen and reflecting observer, perfectly conversant with the present state of science, but indisposed to adopt blindly any views but those he has personally tested and found correct, and as a consequence his publication bears the unmistakeable impress of powerful originality.

We may adduce, among the many theoretical questions presented in a striking form to the reader, *the dualism of the virus of chancre, mixed chancre, the contagion of secondaries, the primary and final forms of the symptom transmitted by secondary syphilis, the unity of the disease, its curability, &c.* In the work before us, the learned will find theories argued in the most felicitous manner, and the practitioner many useful precepts derived from genuine experience, together with a host of facts which cannot fail to be of service in ambiguous cases.

ART. 6183. *Histoire Météorologique et Médicale de Dunkerque.* (A Medical and Meteorologic History of Dunkirk), by — Zandych, M.D., Chief Physician of the Hospital of that city. (a)

Dr. Tully, an Irish practitioner, published in 1760, a volume, *On the Diseases prevalent at Dunkirk*, thus testifying his gratitude for the reception and hospitality he had received in that city. He remarked that one of the advantages of an inquiry of the kind instituted in every town in the kingdom, would be to initiate at once physicians intending to settle in new localities, in their sanitary peculiarities, and to sketch out for them a system of practice which their subsequent observations could not fail to extend.

This was doubtless an excellent suggestion, and yet Tully has found but few imitators beyond his adoptive town. Good topographical works are rare, and we, therefore, esteem it a duty to invite the attention of the Profession, to an interesting memoir for which the Author was presented with a silver medal, in the year 1860, by the Academy of Medicine. Dr. Zandych is, moreover, known by many publications on various subjects, on epidemic diseases, &c.

The *Meteorologic and Medical History of Dunkirk*, published one century after Tully's work, embraces a period of

(a) One vol. 8vo, pp. 300, Asselin, Paris.

ten years, 1850-1860, and is divided into two sections. In the first are described the Geography of Dunkirk (Duyn Kerch, Downs church),<sup>6</sup> the prevalent winds, storms, rains, the hygrometric, thermometric, and Barometric variations; the ozonic condition of the atmosphere, &c. The second section relates more directly to medicine: here the author descants on the varying type of diseases, on endemic, epidemic, and contagious affections; on the influence of season, age, sex, fortune, &c., and finally supplies us with an account of the average mortality.

In a chapter devoted to diphtheria, Mr Zandych enumerates the results of the use of chlorate of potash, bicarbonate of soda, sulphate of copper, oxysulphuret of antimony, tartar-emetic, croton oil, and cauterisation. From this analytical inquiry, it would appear that the most beneficial effects have been obtained by the exhibition of large doses of oxysulphuret of antimony (from ten to fifteen grains in a four-ounce mixture, taken in table-spoonfuls every hour), and by repeated and active cauterisation with a solution of nitrate of silver (one drachm to one drachm and a half in one ounce of water), conveyed, as far as possible, into the fauces by means of a sponge attached to a whalebone rod.

We should not omit to notice interesting observations on puerperal, intermittent, and eruptive fevers; the symptoms induced by the use of diseased oysters, &c.

The volume before us is, therefore, attractive for others besides the Dunkirk physicians, and will be found to contain documents of considerable general utility, and we may more especially recommend its perusal to those engaged in the study of Medical topography.

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ART. 6184.

**MISCELLANEA.**

— Some time ago, two human skeletons were found at Vertheuil (Seine et Oise), in stone coffins. The bones, though brittle, were in a state of perfect preservation, and everything tended to show that these skeletons had been buried many centuries ago. Mr. Couerbe, the well-known chemist, having obtained the shoulder-blade of one of these relics of past



ages, ascertained by chemical analysis, that it contained only ten per cent. of organic matter in addition to the usual mineral substances of which bones are composed. Fresh bone containing 33 per cent. of organic matter, Mr. Couerbe conceived that the waste might assist in the discovery of the age of the bones he had examined. Mr. Vogelsang, he observes, found that bones that had been buried 1,100 years, scarcely contain any organic matter at all; hence, Mr. Couerbe concludes that in every hundred years, about 3 per cent. of organic matter disappears. Applying these data to the bones found at Vertheuil, Mr. Couerbe fixes on the year 1,110 as the probable period of the inhumation of these bodies.

— The following statistics of the Medical Profession are recorded in the *Almanach de Médecine*, published by the Editors of the *Union Médicale*.

The number of practitioners is for the Department of the Seine, 2,047, comprising 1,667 Doctors of Medicine, and 380 holding the inferior diploma of *Officiers de Santé*. Of this number, 1,947 practise in the city of Paris, and 100 only in the communes situated beyond the fortifications. Supposing the population of the Department to amount to two millions, there would be on an average one physician for every 1,000 inhabitants; and from this number we must deduct the poor who are tended in the hospitals, and the workmen and operatives belonging to mutual benefit societies.

The Profession is overstocked in the Department of the Seine, but in no other part of France is it the recipient of so numerous honorary distinctions. In the order of the Legion of Honour, it numbers 1 grand-officer (Mr. Dumas), 19 commanders, 68 officers, and 34 knights, a proportion far more considerable than is granted to the bar.

Of the 696 barristers at law, practising in Paris, 40 only belong to the Legion of Honour (1 commander, 4 officers, and 35 knights); it is proper, however, to observe that many physicians are public functionaries, and are attached as such to the hospitals, the various charitable institutions, the national guard, and the board of health.

— Mr. Verneuil has been appointed Surgeon to the hospital of Lourcine.

— The Royal Academy of Medicine of Belgium proposes for competition the following subject :

“Of the exhibition of opium in midwifery practice. The

remarks of the authors to be illustrated by clinical cases, and the effects of the drug described in pregnancy, premature delivery, natural parturition, after-treatment, &c."

Prize : *A Medal of 24l. value.*—The competition will be closed on the 15th of June, 1863.

The papers, written in French, Latin, or Flemish, only, to be forwarded, free of expense, to the Secretary, Place du Musée, No. 1, at Brussels.

— Mr. Talbot Higginson communicates, in the *Dublin Medical Press*, a plan which he has seen used once or twice with perfect success as a substitute for sutures. It consists in the application, along the margins of a wound, of strips of adhesive plaster, which are afterwards stitched to each other. At page 464 of the fourth volume of the present Journal, will be found the description of a contrivance of a similar kind, which has long since been adopted, with the best effects, by Mr. Vésigné, chief-surgeon of the Hôtel-Dieu of Abbeville.

— The political papers publish the Report of the Minister of Public Instruction, on the utility of a revision of the *Codex*. The commission entrusted with the preparation of this new edition consists of the following gentlemen :—Messrs. Dumas, Regnault, Grisolle, and Tardieu, professors of the School of Medicine, Messrs. Chatin, Guibourt, and Le Canu, professors of the School of Pharmacy ; and of Messrs. Petit and Mourier, both attached to the offices of the Ministry of Public Instruction.

To this commission, a decree, dated December 12th, makes further additions : Messrs. Robinet, Boudet, and Gobley, Members of the Academy, and Messrs. Maget and Mialhe, dispensing chemists, will also be members.

The object of the Minister is, doubtless, to place the *Codex* in harmony with the present state of science, and this will probably be effected by the united efforts of the learned members of the commission. Will he be equally successful in protecting the public against the perils of ignorance, and the allurements held out by quacks ? We cannot, for our part, see how this very desirable end is to be attained, unless advertisements and patent medicines are prohibited.

— Although the hemostatic virtues of cotton and wadding have already been pointed out, it may not be useless to record further proofs of their existence. A surgeon states, in the *Echo Médical*, that having removed a goître, and secured with



his forceps the only artery which had been divided, the blood-vessel escaped through the awkwardness of the assistant, and could not again be found. Recollecting the hemostatic power ascribed to cotton, and unable to check the hæmorrhage by any other means, he filled the wound with wadding, which arrested the loss of blood, and was removed after an interval of eight-and-forty hours. In a more recent case, after amputation of the leg for a severe injury of the foot, the tibial artery alone was secured. Secondary hæmorrhage having occurred, and the agitation of the patient interfering with the necessary exploration, the same plan was resorted to, with entire success.

— The Provident and Mutual Benefit Association of the Physicians of the Department of Morbihan informs its Members, that the complaints of the Society against the illegal practice of medicine and pharmacy by religious communities, have at last been listened to. The Minister of Justice, in concert with the Ministers of the Interior and of Public Instruction and Worship, have decided that the members of religious orders must in future confine themselves within the limits prescribed by law; that they are empowered to give *gratuitous advice*, and administer *simple remedies* to the destitute, but cannot sell any medicine. Advice of this resolution has been forwarded to the bishop of the diocese.

This decision is in perfect harmony with the law, and will doubtless put an end to the abuses hitherto indulged in by religious establishments, to the injury of the medical profession, and often to the great prejudice of the applicants.

— Mr. Ludger-Lallemand, staff-surgeon, and Fellow of the Military School of Medicine of Val de Grâce, has been appointed chief of the Medical Staff of the French expeditionary corps in Mexico.

— In a recent report, Mr. Tardieu invites the attention of the Academy to the unsatisfactory state of the present management of the establishments of mineral waters in France.

“ . . . . The supervision of mineral waters is in imminent danger,” says he; “and, at the same time, one of our most creditable medical institutions is in peril. With the exception of a few of the principal stations which belong to government, or are protected from all unfavourable contingencies by a long established reputation, it is impossible not to feel considerable anxiety for the future welfare of many of our Spas. All the reports which have reached the Academy

for the year 1859 convey this painful impression. In some, the probable suppression, at an early date of the medical inspector, is complained of; in others, the uninterrupted decrease of the number of the patients, who are now indiscriminately admitted to the use of the waters without the necessity of previous medical advice; in most instances the principal grievance is the absence of any superior authority which leads to inevitable conflicts between the proprietors of the Spas and the agents of public administration, and in addition the evils of unlimited competition are adduced. These are the subjects of apprehension suggested by a perusal of the documents which have been laid before me, in which can be descried the symptoms of deep-seated suffering; to this mismanagement it behoves the Academy to direct the solicitous attention of the Minister, for if prompt remedies be not applied, the zeal and ardour of our learned Medical Inspectors will be in vain, and the utter ruin completed of those mineral establishments, which may be unwilling to appeal to speculation,—a fatal resource—eventually most prejudicial to the interests of the public.

— The Boston Society for Medical Improvement issued several months ago a circular to the practitioners of all countries, inviting them to communicate all the data in their possession regarding the comparative safety of ether and chloroform in producing anæsthesia. Some two years since, the Academy of Medicine, at Lyons, officially condemned the exhibition of chloroform as fraught with danger, and the surgeons of Lyons have declared that since the adoption of ether instead of chloroform, not a single instance of death has occurred in that city during anæsthesia. Dr. Palaschiano, of Naples, maintains that ether is infinitely safer than chloroform, and Professor Hayward, of Boston, asserts, that despite the most sifting inquiry, he has hitherto failed in discovering any well attested case of death from the inhalation of ether; that he has himself administered it in several hundred cases, and witnessed its exhibition by others in as many more; that he has given it to infants not three weeks old, as well as to persons of three score and ten, and never in any instance seen any alarming or distressing effects produced by it. The Committee of the Boston Society now publishes its report, which is entirely in favour of sulphuric ether, and undertakes to prove that “of all anæsthetic agents, ether alone deserves unlimited confidence.” The authors of the report contend, that, with equal facilities for examining the literature of the subject under discussion, they are unable to point to a single



case in which ether has been *unquestionably* and *unavoidably* fatal. The conditions they consider as essential to any case of death fairly attributable to any anæsthetic agent are the following :—1. That death should occur while the patient is actually in a state of anæsthesia ;—2. That its occurrence should be inexplicable by any phenomena ascribable to disease or to operations. The whole number of alleged deaths, which the committee has been able to collect, is forty-one, assuredly a small number, when it is considered that their investigations embrace a period of fifteen years, and have been prosecuted both in the Old and in the New World. Of these cases, sixteen may be rejected as inconclusive, a period varying between three and sixteen days having elapsed between inhalation and death ; the other cases, the committee declare to be “ either doubtful or manifestly unfounded, except in four instances, in which death was caused by asphyxia induced by wholly unavoidable causes.” Whatever partiality Americans may be said to have for ether, this report, coupled with the opinions expressed by the Lyons Academy, undoubtedly constitutes a strong condemnation of the use of chloroform.

— A distinguished Belgian surgeon, Baron Seutin, died at Brussels on the 29th of January. A very few weeks before his death he was present at a meeting of the Senate, and, for the last time, recommended to the watchful care of that assembly the improvements he had often proposed for the advantage of public hygiene and of the medical profession. This eminent Professor, who had received a patent of Nobility from King Leopold, died full of honours at the age of 69.

— Two of the most respected Members of the Academy of Medicine have recently died, Messrs. Bricheteau and Moreau.

Mr. Bricheteau had long suffered from organic disease of the heart, which at the last assumed the form of *angina pectoris*. He was a learned and successful practitioner, highly esteemed by all who knew him.

Mr. Moreau was the teacher of almost the entire of the present generation of physicians. In him, the School of Medicine of Paris loses a bright ornament, and the profession a kind and valued friend.

“ During the many years of his laborious tuition,” said Mr.

Gosselin, at the funeral ceremony of his lamented colleague, "Mr. Moreau found time to attend to a most extensive practice. He regularly visited the Maternité Hospital, every morning, and was a punctual member of the Academy of Medicine. Supported by a strict sense of duty, and by indefatigable activity, he was ever to be found at his post.

"His efforts were recompensed by great success. Honoured with the entire confidence of several generations of the late Royal Family, he also was a most popular practitioner, and wealth and honours did not fail him. But his prosperity was the acknowledged fruit of laborious industry, and of the constant rectitude of his character. He was learned, experienced, and devoted, and even on a superficial acquaintance, he might be easily judged to be *Vir probus medendi peritus*."

Mr. Bricheteau and Mr. Moreau were both born in the year 1789.

— Official returns show that the number of births in the twenty arrondissemens of Paris, during the year 1860, was 51,056, and of deaths 41,261

In 1860, seven persons died in Paris, aged from 95 to 100 years.

— Mr. Guyot, a practitioner at Houdelaincourt (Meuse), was recently assassinated by a man whom he was attending for scrofulous disease. The motives of the crime are yet unknown.

— Mr. Arrachart, Assistant-Lecturer at the Medical School of Lille, has just died in that city, much regretted by a numerous circle of friends.

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For the articles not signed,

H. CHAILLOU, *Chief Editor*.



JANUARY 1ST, 1862.

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 Bramley, L., F.R.C.S., Ward's End, Halifax.  
 Bramwell, J., M.D., Barossa pl., Perth.  
 Braund, J., M.R.C.S., Stratton, Cornwall.  
 Breeze, C., M.R.C.S., Saintfield, Down.  
 Brew, C., M.R.C.S., Ashford, Monmouths.  
 Brierley, J., M.R.C.S., Davenport house, Hyde New rd., Staleybridge, Chesh.  
 Broadwater, W., M.R.C.S.E., 3, Jealous row, New road, St. George's East.  
 Brodie, Sir B. C., F.R.C.S., Savile row.  
 Brooke, J., M.R.C.S.E. ; L.S.A., Loyalty place, Stockport, Cheshire.  
 Broughall, P., Dispensary house, Galway.  
 Broughton, R., M.R.C.S., Ruyton, Salop.  
 Brown, I., F.R.C.S., Connaught square.  
 Brown, S., F.R.C.S., Lewisham, Kent.  
 Brown, T., L.F.P.S., Gl., Cross street, Dunblane, Perthshire.  
 Brown, W., M.D., St. John's, Melrose.  
 Browne, B., M.R.C.S., W. Bromwich, Staffordshire.  
 Browne, J., M.D., Montpelier ter., Galway.  
 Bryant, W., F.R.C.S., 7, Bathurst street, Sussex square, Hyde park gardens.  
 Bryson, J., 5, Lyle street, Greenock.  
 Bubbs, H., M.R.C.S. ; L.S.A., Welwyn, Herts.  
 Buchanan, T., L.F.P.S., 18 Westminster place, Glasgow.  
 Buckmaster, D., Middleton, Cork.  
 Bull, E., L.S.A., Blockley, Worcestersh.  
 Burchell, P., M.B. ; F.R.C.S., 1 Kingsland road, Shoreditch.  
 Burchell, W., Bookseller, Chelmsford.  
 Burdett, H., M.R.C.S., 23 Temple row, Birmingham.  
 Burges, F., Fethard, Tipperary.  
 Burgess, J., C.M., Glastonbury, Somerset.  
 Burke, J., M.R.C.S.I., Ower, Galway.  
 Burslem, W., M.D., Bournemouth, Hants.  
 Bushnan, J., M.D., Salisbury, Wiltshire.  
 Busteed, J., L.R.C.S., Castle Gregory, near Tralee, Kerry.  
 Butcher, J., M.R.C.S., 24 St. Aubyn street, Devonport, Devon.  
 Buchanan, G., M.D., Douglas st., Glasgow.  
 Buchanan, A., M.D., Atholl pl., Glasgow.  
 Buckley, N., M.D., 196 Yorkshire street, Rochdale, Lancashire.  
 Cahalan, F., M.R.C.S., 21 Summer hill, Nenagh, Tipperary.  
 Cahill, T., M.D., Albert ter., Hyde park.  
 Cairn, T., L.F.P.S., St. Nicholas st., Edin.  
 Callanan, A., M.D., Morrison sq., Cork.  
 Campbell, A., M.D., Borne Syndale, Portree, Inverness-shire.  
 Campbell, J., M.R.C.S.E., Bellfield, Kincardineshire.  
 Campbell, W., L.F.P.S., Meadow Bank cottage, Kilbarchan, Renfrew.  
 Campion, R., L.F.P.S., Hornby st., L'pool.  
 Canney, G., M.D., Bp. Auckland, Durham.  
 Candy, J., M.D., Hill Top, W. Bromwich, Warwickshire.  
 Caparn, J., M.D., Banbury, Oxfordshire.  
 Caplin, J., M.D., York pl., Portman sq.  
 Cardiff, J., L.R.C.S.I., Kilcoan cottage, Bridgetown, Wexford.  
 Carpenter, G., M.R.C.S., Castlecomer, Kilkenny.  
 Carpenter, S., Freshford's Dispensary, Freshford, Kilkenny.  
 Carr, A., 12a, Park lane, Piccadilly.  
 Carter, R., M.R.C.S. ; L.S.A., St. James's terrace, Nottingham.  
 Carter, R., L.R.C.S.I., Kilecullen, Kildare.  
 Cassels, J., L.F.P.S., Windsor pl., Glasg.  
 Carpenter, J., S., Lambeth terr., Lambeth.  
 Cavin, W., M.D., Coleraine, Londonderry.  
 Ceely, R., F.R.C.S. ; L.S.A., Aylesbury, Bucks.  
 Champemell, M., D.M., 19, Rue de Matignon, Paris.  
 Cheron, M., 416, Rue St. Honoré, Paris.  
 Chetcuti, F., Burmola, Malta.  
 Chilcote, W., M.R.C.S., Broadhempston, near Totness, Devonshire.  
 Christie, J., 4, Tay square, Dundee.  
 Christie, T., M.D., Pembrokehse., Hackny.  
 Christison, C., M.D., Moray pl., Edinb.  
 Churchill, S., M.D., Fawley, Hants.  
 Clapcott, J., M.R.C.S., Evershot, Dorset.  
 Clark, H., M.D., Ferry Hill, Durham.  
 Clarke, F., M.B. ; M.R.C.S., Broad street, Nottingham.



- Clarke, H., M.R.C.S., Lawrencetown, Galway.
- Clay, R., M.R.C.S., Fovant, nr. Salisbury.
- Clews, R., L.R.C.S., Castle st., Glasgow.
- Cloran, J., Loughrea Dispensary, Galway.
- Cochrane, T., L.R.C.P., Dudley, Worc.
- Cock, E., F.R.C.S., 13 St. Thomas street, Southwark.
- Cocker, J., M.D., Blackpool, Lancashire.
- Coghlan, M., L.R.C.S.I., Carrigahorig, Roscrea, Tipperary.
- Collenette, B., M.R.C.S., Plaiderie place, Guernsey.
- Collins, C., M.R.C.S., Chew Magna, near Bristol, Somersetshire.
- Collins, J., M.D., Oxford st., Liverpool.
- Collins, W., M.R.C.S.; L.A.S., Waterloo st., Christchurch, Macclesfield, Chesh.
- Constable, J., M.R.C.S., Westfield house, Black Rock, Dublin.
- Cooke, F., M.R.C.S., Ashton-under-Lyne, near Manchester.
- Cooke, J., M.D., The Infirmary, Stamford, Lincolnshire.
- Cooke, P., L.S.A., Enniscorthy, Wexford.
- Cooke, R., M.R.C.S., Church street, Stoke Newington.
- Cooke, W., M.R.C.S., Burford, Oxfordsh.
- Cooksey, J., M.R.C.S., Campden, Glouc.
- Cookworthy, J., M.D., 20 Princes square, Plymouth.
- Cooper, H., M.R.C.S., Moor street, Soho.
- Corbett, D., M.R.C.S., Clare st., Dublin.
- Corbet, J., L.F.P.S., Campbellton, Invern.
- Cory, S., M.R.C.S., Bridport, Dorsetshire.
- Cossar, T., L.R.C.S., Hurworth, near Darlington, Durham.
- Cousins, J., L.R.C.S., Cwn-Bran-Ron Works, near Newport, Monmouthsh.
- Cottew, E., L.S.A., Hornsey rd., Holloway.
- Cowan, C., L.R.C.S., Melrose, Roxburghsh.
- Cox, W., F.R.C.S., Queen's College, Birmingham.
- Craig, J., F.R.C.S., Ludgate lodge, Ratho, Edinburgh.
- Craine, R., M.R.C.S., Surgeon's square, Ramsey, Isle of Man.
- Cranfield, T., M.D., Enniscorthy, Wexford.
- Crawford, J., M.R.C.S., Ballymena, Antrim.
- Crichton, C., S., Innistray, by Inverrary, Argyleshire.
- Croft, T., M.R.C.S., Snitterfield, Warwick.
- Cross, R., M.D., Strangford, Down.
- Cruickshank, J., L.R.C.S., 5 Nelson street, Edinburgh.
- Crumpe, F., M.D., Tralee, Kerry.
- Cufaude, W., L.S.A., Acle, Norfolk.
- Cullen, P., L.S.A., 58 Dublin street, Carlow.
- Cuolahan, H., M.R.C.S., 9 Grange road, Bermondsey.
- Curgiven, J., M.R.C.S., 11 Craven hill gardens, Bayswater.
- Cusack, J., M.D., 7 Merrion sq., N., Dublin.
- Dalziel, Dr., Westbury, Wiltshire.
- Dalziel, J., M.D., Penpont, Dumfriesshire.
- Daniell, C., M.R.C.S., Swavesey, Camb.
- Dartnell, G., M.R.C.S., Arden house, Henley-in-Arden, Warwickshire.
- Davey, Rd., M.R.C.S., Walmer, Kent.
- Davidge, M., L.R.C.S.Ed., Rose Zawn, Clonmellon, Westmeath.
- Davies, Ed., M.R.C.S., Merthyr-Tydvil, Glamorganshire.
- Davies, J., L.R.C.S., L.M., Cerrig-y-Dundion, Denbighshire.
- Davies, R., M.R.C.S., L.S.A., Llanfair, Talhaiarn, Denbighshire.
- Davis, G., M.R.C.S., 28 Spring gardens.
- Davies, H., M.R.C.S., Cymer works, Pont-y-Bridd, Glamorganshire.
- Davis, T., L.R.C.S., Lea grove, Clevedon, Somersetshire.
- Davison, M., M.D., 14 Rue des Champs-Élysées.
- Dawson, F., M.D., Union pl., Islington.
- Dawson, Jas., F.R.C.S., Wray Castle, Westmoreland.
- Dawson, Rich., L.R.C.P., M.R.C.S., 15 Finsbury circus.
- Dawson, W., M.D., 1 Eldon square, Newcastle-upon-Tyne, Northumberland.
- Deamer, Wm., M.D., Brant-Broughton, Newark, Notts.
- Den, Geo., M.D., Mullinavat, Kilkenny.
- Denne, T., 1 Cottage green, Camberwell.
- Deville, Dr., 141 Regent street.
- Dewar, J., M.D., Kirkcaldy, Fifeshire.
- Dewsnap, M., M.R.C.S., King street, Hammersmith.
- Diamond, C., L.F.P.S., Rasharkin, Antrim.
- Dickson, J., L.F.P.S., Elvington, York.
- Dingley, T., M.R.C.S., Winkleigh, Exeter.
- Dirham, J., M.R.C.S., 20 Usher's island, Dublin.
- Dix, F., M.R.C.S., Long Buckby, Northamptonshire.
- Doherty, W., M., Westland row, Dublin.
- Doidge, J., M.R.C.S., Lifton, Devonshire.
- Done, J., 1 Bradford road, Manchester.
- Donoghoe, M., M.R.C.S., Carrigallen, Leitrim.
- Donovan, M., L.S.A., Clare street, Dublin.
- Dowell, R., M.R.C.S., Hinderwell, York.
- Down, E., 91 Westminster bridge road.
- Drew, E., M.D., Cappoquin, Waterford.
- Drewet, T., M.D., King street, Glasgow.
- Drysdale, Jas., L.R.C.S., Aberlour, Burnt Island, Banffshire.
- Dublin Hospital Gazette, Editor of, Dublin.
- Duckworth, Wm., M.R.C.S., Otley, York.
- Duffy, E., M., Longford, Co. Longford.
- Duigan, C., L.R.C.S.I., Mulligar, Westmeath.

- Duncalfe, Geo., M.R.C.S., Walcott villa, near Wellington, Shropshire.  
Duncan, A., M.D., Nethergate, Dundee.  
Duncan, P., M.D., Great Marlborough street, Regent street.  
Dwyer, H., M.D., Up. Sackville st., Dub.  
Dwyer, Jas., M.R.C.S., Tuam, Galway.  
Dwyer, W., S., Rathcormac's Dispensary, Cork.  
Dyce, R., M.D., 16 Union ter., Aberdeen.  
Dyke, T., M.D., Croyston st., Liverpool.
- Easton, D., B.A. ; M.D., &c., Stranraer, Wigtown.  
Edmonds, S., M.R.C.S. ; L.S.A., Appleby, near Atherstone, Leicestershire.  
Edmunds, E., 52 New Cut, Lambeth.  
Edmunds, J., M.R.C.S. ; L.S.A., Spital sq.  
Edmundson, T., M.R.C.S., Leyburn, Bedale, Yorkshire.  
Edwardes, C., Rugeley, Staffordshire.  
Edwards, F., M.R.C.S., Walsall, Stafford.  
Edwards, J., M.R.C.S., Crediton, Devon.  
Edwards, T., L.R.C.S.I., Arrandnore, Hill-of-Down, Meath.  
Elkington, F., M.D. ; M.R.C.S., &c., 106 New-hall street, Birmingham.  
Elliot, J., L.R.C.S., Bellingham, Northld.  
Elliot, W., M.D. ; M.R.C.S.E., &c., Exeter.  
Erichsen, J., F.R.C.S., 6 Cavendish place.  
Erson, W., 39 Henry street, Dublin.  
Evans, G., M.D. ; F.R.C.P., 14 Temple row, Birmingham.  
Evans, G., M.R.C.S., Queen's road, West, Regent's park.  
Evans, J., M.D., Richmond st., S., Dublin.  
Evans, O., M.D., Wilton cres., Belgrave sq.  
Evanson, R., M.D. ; F.R.C.S., Torquay.  
Eveleigh, G., M.R.C.S., Swanage, Dorsets.
- Fannin & Co., Booksellers, Dublin.  
Fanning, J., M.D., Fenton, Lincolnshire.  
Fereday, T., F.R.C.S. & J.P., Envile Rectory, near Stourbridge, Stafford.  
Ferguson, A., M.R.C.S., 82 High street, Notting hill.  
Ferguson, J., L.F.P.S., Gl., Oak Bank, Mull, by Oban, Argyleshire.  
Fergusson, W., F.R.C.S., 16 George street, Hanover square.  
Ferrell, W., Victoria st., Halifax, Yorks.  
Fettes, J., L.R.C.S., Laurencekirk, Kincardineshire.  
Fidler, R., L.F.P.S., 68 Northumberland street, Liverpool.  
Field, J., M.R.C.S., Milford, Pembrokesh.  
Finch, W., L.R.C.P., Fisherton house Asylum, Salisbury.  
Finlay, H., M.R.C.S., Bank Building, Bothwell, Lanarkshire.  
Finucane, H., L.A.C., 26 Drewton street, west, Maningham lane, Bradford.
- Fitzhenry, E., M.D., Carrigbyrne, Adamstown, Wexford.  
Fitzsimons, J., M.D., Rathagan, Kildare.  
Fleming, H., M.D., Omagh, Tyrone.  
Fleming, M., M.D., Douglas, Isle of Man.  
Fletcher, W., M.R.C.S., Uttoxeter, Staff.  
Flower, F., M.R.C.S., Chilcompton, near Bath, Somersetshire.  
Ford, C., M.D., Morecambe & Poulton, Lancashire.  
Forman, J., M.D., Fettercairn, Kincardine.  
Forrest, J., F.R.C.S., 208 Great Brunswick street, Dublin.  
Forsyth, J., M.R.C.S., Eyemouth, Berwick.  
Foss, W., L.S.A., 22 High street, Stockton-on-Tees, Durham.  
Foster, J., F.R.C.S., Ventney, Hampshire.  
Foulis, R., M.D., Alva street, Edinburgh.  
Fowler, W., M.D., Corstorphine house, Edinburgh.  
Fox, L., F.R.C.S. ; L.R.C.P. Ed., Broughton, near Stockbridge, Hants.  
Foy, H., M.R.C.S., Middle st., Taunton.  
Frank, M., Libraire, 67 Rue Richelieu, Paris.  
Fraser, E., L.R.C.S., Brunswick ter., Hull.  
Fearn, J., M.R.C.S., Derby.  
Frogley, Bullock, and Douglas, Hounslow.  
Froysell, J., L.R.C.S., Willenhall, Staff.  
Fry, J., M.R.C.S., Thaxted, Essex.  
Fryer, T., M.R.C.S. ; L.S.A., Kingswood, near Bristol, Gloucestershire.  
Fullham, J., L.R.C.S.I., 8 Shop street, Drogheda, Louth.
- Gallagher, M., M.R.C.S., Castletowndelvin, Westmeath.  
Gaman, J., M.R.C.S., Hambledon, Hants.  
Games, J., M.D., 6 Soho street, Liverpool.  
Garbutt, C., M.R.C.S., Dunston lodge, Gateshead, Durham.  
Garde, H., M.B. ; L.R.C.S. ; L.M., Timoleague, by Bandon, Cork.  
Gardiner, R., M.R.C.S., 51 Marina, St. Leonards-on-Sea, Sussex.  
Garman, C., M.R.C.S., Carlisle ter., Bow.  
Garstang, W., M.D., Dobcross, near Manchester, Lancashire.  
Gausseen, J., M.D. ; F.R.C.S., Belfast.  
Gerrard, J., A.M. ; M.R.C.S., Aberlour, Banffshire.  
Gerard, J., M.R.C.S., Aboyne, Aberdeens.  
Gibb, S., M.D., Buchanan st., Glasgow.  
Gibson, T., M.R.C.S., Orton, Westmoreld.  
Gilbertson, R., M.R.C.S., Aberystwith.  
Gill, C., M.R.C.S., 2 Soho st., Liverpool.  
Gill, J., L.S.A., Syston, Leicestershire.  
Gillow, W., M.R.C.S., Stapleton, Devons.  
Gilmour, A., L.F.P.S., Linlithgow, Linlsh.  
Gimson, W., M.R.C.S., Witham, Essex.  
Girdwood, M.D., Howley pl., Maida hill.  
Golding, Dr. J., Donoughmore, Cork.



- Goodall, E., F.R.C.S.I., Wexford.  
 Gore, W., F.R.C.S.I., George st., Limerk.  
 Gorham, R., M.D.; F.R.C.S., &c., Yoxford, Suffolk.  
 Gorman, J., M.D., 35 Main street, Rutherglen, Lanarkshire.  
 Goulden, T., M.D., Hazelgrove Dispensary, Stockport, Cheshire.  
 Graham, C., M.D., High street, Dalkeith.  
 Graham, J., M.D., Cashel, Tipperary.  
 Graham, J., L.F.P.S., Edgefauld cottage, Springburn, Lanarkshire.  
 Grant, G., M.D., Huntly, Aberdeenshire.  
 Grant, P., M.A.; M.R.C.S., 157 Gallowgate, Aberdeen.  
 Grayling, J., M.D., Sittingbourne, Kent.  
 Greaves, T., M.R.C.S.; L.M., Mount Bellew bridge, Galway.  
 Green, T., Bookseller, Wells, Somerset.  
 Greene, W., M.R.C.S., Urlingford, Kilky.  
 Greenall, E., L.S.A., Blackrod, Lancashire.  
 Gregory, C., jun., M.R.C.S., St. George sq., Cheltenham, Gloucestershire.  
 Gregson, T., L.P.S.; L.M., 36 Westgate street, Newcastle-on-Tyne.  
 Greu & Son, Booksellers, High st., Birm.  
 Griffin, R., M.R.C.S., Weymouth, Dorset.  
 Griffiths, F., L.S.A., Bilston, Staffordsh.  
 Griffiths, R., M.R.C.S., Cemmaes, Montg.  
 Griffith, T., M.R.C.S., St. Helens, Lancash.  
 Grigor, J., M.D., Nairn, Nairnshire.  
 Groves, W., M.R.C.S., Woodford, Essex.  
 Grundy, E., M.R.C.S., Longfield pl., Bury, Lancashire.  
 Gwynn, J., F.R.C.S., Wem, Salopshire.  
 Gwynne, D., M.D., Culverlands, Devonsh.  
 Hailey, H., M.R.C.S., The Elms, Newport Pagnel, Buckinghamshire.  
 Halahan, H. S., L.R.C.S., Lying-in Hospital, Rutland sq., Dublin.  
 Halford, E., M.R.C.S., City rd., Finsbury.  
 Hall, A., M.D., M.R.C.S., Old Steyne, Brighton, Sussex.  
 Hall, F., M.R.C.S., Cambridge.  
 Hall, J., M.R.C.S., L.S.A., Fox street, Preston, Lancashire.  
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 Hamilton, F., M.R.C.S., Navan, Meath.  
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 Hands, W., St James' terr., Cheltenham.  
 Hannah, W. L.F.P.S., Erskine st. Liverpool.  
 Harding, W., M.R.C.S., Claremont bldgs., Bath, Somersetshire.  
 Hardinge, H., M.D., Grafton st., Bond st.  
 Hardy, H., L.R.C.P. Ed., Ferryhill, Durham.  
 Hardy, S., M.D., Molesworth st., Dublin.  
 Harland, W., M.D., Scarborough, Yorksh.  
 Harle, T., M.D., Windsor pl., Glasgow.  
 Harris, H., M.R.C.S., Bennett st., St James'.  
 Harris, M., M.R.C.S., Darnley road, Hackney.  
 Harrison, J., M.D., Roscommon.  
 Harrison, W., M.D., Great Ducie street, Manchester.  
 Hart, E., M.R.C.S., 69 Wimpole street.  
 Hartley, J., M.D., L.S.A., R.C.P.E., Howden, Yorkshire.  
 Haund, W., L.R.C.P. Ed., Mill st., Belfast.  
 Hayden, Dr. T., L.F.P.S.I., Harcourt st., Dublin.  
 Heatley, J., M.R.C.S., Beecroft terrace, Blackeley, Lancashire.  
 Heaton, T., M.R.C.S., Wigan, Lancash.  
 Hedley, Dr. E., Bailiff Gate street, Alnwick.  
 Heffernan, J., M.D., Cappamore, Limerick.  
 Hegarty, W., M.D., Ballinspittle, Cork.  
 Heighington, W., M.D., Athy, Wicklow.  
 Henderson, A., Upper Seymour st., Portman sq.  
 Henderson, J., M.D., Charlotte st., Leith.  
 Henderson, R., Commerce st., Glasgow.  
 Henderson, W., M.D., Bedford villa, Clifton, Gloucestershire.  
 Henry, J., M.D., Seacombe, Cheshire.  
 Mitchell, H., F.R.C.S., Harley street.  
 Henry, M. M.R.C.S.L., Swineford, Mayo.  
 Hepworth, F., M.R.C.S., Patricroft, Lanc.  
 Hewets - Prescott, Professor, F.R.C.S., Chesterfield street, May fair.  
 Heydon, J., Devonport, Devonshire.  
 Hicks, C., M.R.C.S., Dunstable, Bedfordsh.  
 Hicks, J., M.D., Wellington street.  
 Hill, J., M.R.C.S.E., L.F.P.S., Lymm.  
 Hillier, J., M.R.C.S., Lambourn, Berks.  
 Hinxman, H., L.R.C.P., M.R.C.S., L.S.A., Blackheath Kent.  
 Hislop, J., M.D., EastLinton, Haddington.  
 Hitchings, G., M.R.C.S., Oriel street, Oxford.  
 Hobart, S., F.R.C.S.I., South mall, Cork.  
 Hobson, R., M.D., Park place, Leeds.  
 Hobson, T., L.S.A., Kirk Ella, Yorksh.  
 Hodgkin, T., M.D., Bedford square.  
 Holland, E., M.R.C.S., L.S.A., St. Stephen's villa, Norwich.  
 Holme, J., M.R.C.S., Linton, Cambs.  
 Holland, G., M.D., Sheffield, Yorkshire.  
 Holt, B., F.R.C.S., 5 Parliament street.  
 Hooper, J., M.R.C.S., Ford, Wiltshire.  
 Horley, W., M.R.C.S., Hoddesdon, Herts.  
 Horne, P., L.R.C.S.I., Ballinasloe, Galway.  
 Howell, E., M.D., 2 South Hill place, Swansea, Glamorganshire.  
 Howell, J., F.R.C.S., Solva, Pembrokesh.  
 Howlett, M., L.R.C.S.J., New Ross, Wexfd.  
 Hudson, A., F.K.Q.C.P., Merrion sq., North, Dublin.  
 Hudson, H., M.D., Glenville, Fermoy.  
 Hudson, H., L.S.A., Someby, Leicestsh.  
 Hudson, M., M.R.C.S., Kanturk, Cork.  
 Hughes, A., L.R.C.S.I., Roscommon st., Liverpool.

- Hughes, D., M.R.C.S., Ruabon road, Llangollen, Denbighshire.  
Hunt, A., L.R.C.I., Dundrum, Tipperary.  
Hunt, T., F.R.C.S., Alfred pl. Bedford sq.  
Hunter, C., L.F.P.S., Forfar, Forfarshire.  
Husband, W., M.R.C.S., St. Leonard's place, York.
- Ibeson, R., M.R.C.S., Barnsley, Yorkshire.  
Iles, F., M.R.C.S., Watford, Herts.  
Ingham, A., M.R.C.S., Haworth, Yorksh.  
Ingram, W., M.R.C.S., Midhurst, Sussex.  
Innes, J., L.R.C.S., Nant-y-Glo, near Newport, Monmouthshire.  
Innes, P., Turriff, Aberdeenshire.  
Irvin, W., L.R.C.S., Clyhore, Fermanagh.  
Izod, C., M.R.C.S., Esher, Surrey.
- Jacob, J., M.D.; F.R.C.S.I., &c., Maryborough, Queen's County.  
Jackson, M., F.R.C.S., St. Martin's, Stamford Baron, Northamptonshire.  
Jackson, V., M.R.C.S., Wolverhampton.  
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 Slyman, W., M.R.C.S., Wellington road,  
 Kentish town, London.  
 Smellie, J., L.R.C.S., Ruddington, Notts.  
 Smith, Elder, and Co., Cornhill, London.  
 Smith, C. J. O., M.R.C.S., Keyworth, Not-  
 tinghamshire.  
 Smith, C., L.S.A., High street, Poplar.  
 Smith, G., M.D., Dodworth rd., Barnsley.  
 Smith, G., L.R.C.S., New Deer, Aberd.  
 Smith, G. G., M.R.C.S., Cromarty.  
 Smith, H., L.F.P.S., Bank st., Kilmarnock.  
 Smith, J., M.R.C.S., Burgh-le-Marsh, Linc.  
 Smith, J., L.R.C.S., Durness st., Thurso.  
 Smith, J. H., M.D., Manningtree, Essex.  
 Smith, J. H., M.R.C.S., Mountrath.  
 Smith, R., M.R.C.S., Westbourne grove.  
 Smith, R. G. F., M.D., Fordingbridge.  
 Smith, R. W., M.D., Eccles street, Dublin.  
 Smith, S., L.S.A., Weaverham, Northwich.  
 Smith, W., L.R.C.S., Halt-Whistle.  
 Smith, W., M.R.C.S., Navenby, Lincoln.  
 Smythe, H., L.R.C.P., King's Lynn, Nflk.  
 Snell, E. P., L.R.C.P. Ed., Stepney green.  
 Snook, J., M.R.C.S., Colyton, Devonshire.  
 Snowdon, S., M.D., Wigton, Scotland.  
 Solly, S., F.R.C.S., St. Helen's pl., E.C.  
 Spear, W., M.R.C.S., Totton, Hants.  
 Spencer, E., M.S., Youlgreave, Derbysh.  
 Spiers, Prof., Rue de la Faisanderie, Paris.  
 Sproule, R., L.F.P.S. Gl., Ballebofey, Don.  
 Spyers, T. C., M.R.C.S., Broughton, Hants.  
 Stanley, E., F. & P.R.C.S., Brook st., W.  
 Starke, J., L.S.A., Brompton cres., S W.  
 Starples, A., M.R.C.S., Hanley, Staffordsh.  
 Statter, R., M.R.C.S., Mt. Pleasant, Liv.  
 Steel, J. M., Adelphi court, Aberdeen.  
 Stevens, C., F.R.C.P., Biggleswade, Beds.  
 Stevens, H., M.R.C.S., St. Luke's Hosp.  
 Stevens, J., L.F.P.S., Ardrossan, Ayrshire.  
 Stewart, J., M.D., South Portland st., Glas.  
 Stewart, W., M.D., Bacup, Lancashire.  
 Steele, W., M.R.C.S., Boroughbridge, York.  
 Stewart, W., M.R.C.S., Weymouth st., W.  
 Stone, A., M.D., Gt. Jackson st., Manch.  
 Stone, J., M.R.C.S., Chillington, Devon.  
 Stookes, A., M.D., Rodney st., Liverpool.  
 Stubbs, H., F.R.C.S., Rodney st., Liver.  
 Stuckey, H., M.R.C.S., Wellclose sq., E.  
 Suckling, C., M.D., Bath st., Birmingham.  
 Sutcliffe, W., M.R.C.S., Staleybridge,  
 Cheshire.  
 Sutherland, A., M.D., Richmond ter., S. W.  
 Swain, W., Sedbergh, Yorkshire.  
 Swann, H., L.F.P.S., Barrowden, Rutland.  
 Swanwick, J., M.R.C.S., Congleton, Ches.  
 Swayne, E., L.R.C.S.I., Crossmolina,  
 Mayo.  
 Swete, H., M.R.C.S., Wrington, Somerset.  
 Syme, J., M.C.R.S., Egremont, Cumberld.  
 Symonds, F., F.R.C.S., Beaumont st., Oxf.  
 Symons, J., M.D., Bath st., St. Heliers,  
 Jersey.  
 Taaffe, H., M.D., 5 South Great George  
 street, Dublin.  
 Tabuteau, A., F.R.C.S., Portarlinton,  
 King's County.  
 Tamplin, R., F.R.C.S., Old Burlington st.  
 Tasker, T., M.R.C.S., Melbourne, Derbys.  
 Tatum, T., George street, Hanover square.  
 Taylor, E., L.S.A., Middleton, Lancash.  
 Taylor, F., M.R.C.S., Romsey, Hants.  
 Taylor, Dr. J., Surrey pl., Old Kent road.  
 Taylor, J., L.R.C.S.I., Baillieborough, Cav.  
 Taylor, J., M.R.C.S., Everton rd., L'pool.  
 Taylor, T., M.R.C.S., Cricklade, Wilts.  
 Taylor, R., M.R.C.S., Broad la., Sheffield.  
 Taylor, W., M.D., Islington sq., L'pool.  
 Temple, W., M.D., Monaghan.  
 Thelwall, W., L.S.A., Farndon, Cheshire.  
 Thom, R., M.R.C.S., Drumlithie, Kincard.  
 Thomas, F., M.D., Thurslow pl., Norwood.  
 Thomas, H., M.R.C.S., 82 Great Cross  
 Hall street, Liverpool.  
 Thomas, R., M.R.C.S., Fan'y Bryn, Menai  
 bridge, Anglesey.  
 Thomas, R., M.R.C.S., Hartland, Devon.  
 Thompson, H., L.S.A., High st., Sundlnd.  
 Thompson, R., L.S.A., Henry st., Dublin.  
 Thomson, Dr. T., Clarence ter., Warwicks.  
 Thornton, W., M.R.C.S., Hawley street,  
 Margate.  
 Thorp, H., M.R.C.S., Full bridge, Maldon.  
 Tiffen, R., M.R.C.S., Wigton, Cumberlnd.  
 Tilt, E., 60 Grosvenor street.  
 Tindall, R., L.R.C.S., Ryton, Durham.  
 Townsend, E., M.D., Morison's qy., Cork.  
 Todd, R., M.D., Dysart, Fifeshire.  
 Tomkyns, W., M.R.C.S., Yeovil, Somerst.  
 Torney, T., M.D., Blackhall st., Dublin.  
 Torrance, T., L.F.P.S.G., 35 Graham st.,  
 Airdrie, Lanarkshire.  
 Trant, L., F.R.C.S.I., 18 Upper Pem-  
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 Killucan, Westmeath.  
 Troup, F., L.R.C.S., Auchmuchty, Fifes.  
 Trousdale, A., M.R.C.S., Epworth, Linc.  
 Tubbs, W., L.S.A., Upwell Isle, Cambs.  
 Tucker, E., F.R.C.S., Abersychan, near  
 Pont-y-Pool, Monmouthshire.



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 Turner, J., F.R.C.S.E., High Wycombe.  
 Turner, S., F.R.C.S., Newcastle-under-Lyme, Staffordshire.  
 Turner, T., F. & L.R.C.S., Tuam, Galway.  
 Turner, T., M.R.C.S., Deddington, Oxfrd.  
 Tuttiett, H., M.R.C.S., Ventnor, I. of W.  
 Tweedie, A., M.D., Lower Brook street.  
 Twigge, N., F.G.S.; M.R.C.S.; L.S.A., Parwich, near Ashbourne, Derbysh.  
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 Utterson, E., M.R.C.S., West End, Hants.  
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 Verity, A., M.R.C.S., Bridgend, Glamorgan.  
 Vidal, W., M.D., Aveley, Essex.  
 Vise, A., M.R.C.S., Holbeach, Lincoln.  
 Wade, H., M.R.C.S., Trinity ter., Derby.  
 Wade, T., M.R.C.S., Mirfield, Yorkshire.  
 Wainwright, T., M.R.C.S., Church street, Barnsley, Yorkshire.  
 Walker, R., M.D., Mosely st., Manchester.  
 Walmsley, J., M.R.C.S., Hodnet, Salop.  
 Walsh, A., L.R.C.P., Harcourt st., Dublin.  
 Walsh, P., M.D., Carrickmacross, Monaghan.  
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 Ward, J., M.R.C.S., Epsom, Surrey.  
 Warke, W., M.R.C.S., Up. Hill st., L'pool.  
 Waters, A., M.D., Exmouth, Devonshire.  
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 Weir, G., M.D., Heriot row, Edinburgh.  
 Weir, M., M.R.C.S., Dromore, Down.  
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 Wheeler, T., M.R.C.S., Bixley heath, Kent.  
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 White, N., M.R.C.S.E., Macroom, Cork.  
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 Willey, T., M.R.C.S., Littlethorpe, Leic.  
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 Wilson, J., M.D., Old Meldrum, Aberdeen.  
 Wilson, J., M.R.C.S., Brunswk. lodge, Wem, Shropshire.  
 Wilson, R., M.D., Castle-Eden, Durham.  
 Wing, C., M.R.C.S., Down pl., Hammrsmith.  
 Winter, J., M.D., Rosslyn terr., Hampst.  
 Winterbotham, L., M.R.C.S., Cheltenham.  
 Wood, A., L.S.A., Kirby Moorside, Yorksh.  
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(See the 'Lancet,' May 4, 1861, and 'Medical Times,' June 23, 1860.)

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R. FREEMAN almost daily receives letters from Members of the Profession, and also the Trade, who speak highly of his CHLORODYNE. He publishes the following by permission:

“I duly received your sample of Chlorodyne, and I liked it so well that I ordered more through my wholesale druggist. I think it in every way as good as any I have used, and it has the recommendation of being cheaper.

“B. J. BOULTON, M.D., *Horncastle.*”

“Having been in the habit of using Mr. Freeman's Chlorodyne for some time past, I have much pleasure in stating that it has never failed to have the desired effect in whatever case it has been administered.

“C. SWABY SMITH, M.R.C.S.E., *Surgeon to the Berks and Hants Extension Railway Works and Pewsey Union, &c. &c.*”

“I have had several parcels of your Chlorodyne, and the Medical Men who have used it find it equally efficacious with that which is double the price, both having been tried on the same patients with similar results.

“W. GRAHAM CARR, *Pharmaceutical Chemist, Berwick.*”

“I have administered to several of my patients your Chlorodyne, and I consider it a valuable remedy; it has succeeded perfectly in all cases in which I have used it. In its action it is uniform, and in its effects most efficacious.

“DAVID EASTON, M.D., *Medical Officer, Rhins-of-Galloway Poorhouse, Stranraer, Wigtonshire.*”



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